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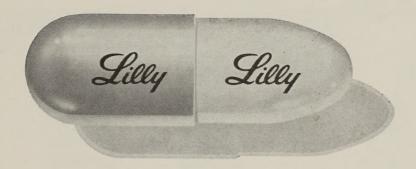
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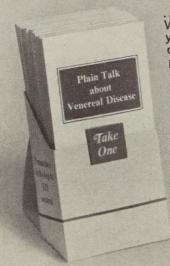
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The Maryland Pharmacist

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Editorial . . .

FRANCIS S. BALASSONE

In any profession there are usually only a few in each generation who leave a mark on their chosen field and on their colleagues.

Such a man was Francis S. Balassone who served his profession with distinction. "Frank" Balassone, who served as Secretary of the Maryland Board of Pharmacy and Chief of the Division of Drug Control since 1955, was known to all in pharmacy as one who exercised the utmost compassion and sympathy in discharging his responsibilities in law enforcement.

He was recognized for his outstanding professional and personal qualities by his election as President of the National Association of Boards of Pharmacy, as President of the Alumni Association of the University of Maryland School of Pharmacy which also awarded him the Honored Alumnus Award and by his selection for the Harvey W. Wiley Award by the Association of Food and Drug Officials of the United States.

It was always a pleasure to work with Frank in the many areas of the pharmaceutical vineyard — advancement of the profession, legislation, ethics, education, organizational affairs, alumni affairs and more.

Frank could be depended upon to sincerely work for the advancement of the profession of pharmacy. He leaves a void not only in Maryland pharmacy but in the national scene as well.

Of Frank Balassone it can be said that he will be sorely missed, not only by his family, but by his hosts of friends in his beloved profession of pharmacy, in the fields of law enforcement and public health and in his community.

His own words to the NABP membership at the 1966 Annual Meeting serve as a record of his unfailing spirit and devotion to public service. He said: "Let us then each renew our dedication, let us each contribute what we can to better our profession and to serve the public welfare to the best of our ability, let us each give a true gift, a portion of ourself to better the future of mankind."

-Nathan I. Gruz

Senate Adopts Resolution

The Maryland State Senate on January 13, 1972, adopted Senate Resolution No. 2 expressing its sincere sympathy on the death of Francis S. Balassone.

The resolution reviewed the highlights of his career and stated, "we recognize the dedication and commitment of Mr. Balassone to the service of the community throughout his lifetime, and we are aware of the high value of his contributions in his chosen field."

Resolution of The Maryland Board of Pharmacy

FAREWELL TO FRANK BALASSONE

We, the Members of the Maryland Board of Pharmacy were deeply grieved at the pronouncement that our Secretary Francis S. Balassone had been suddenly called to the Great Beyond. This shock of his departure from within our midst brought to us the realization that we had had the privilege of being closely associated with him, both as co-worker and friend.

We shall not use these lines to again enumerate his many accomplishments. These will be recorded in many places and in many ways. However, we prefer to salute Frank Balassone the Man. We take note of his congenial personality and the impact this had made upon our lives and the lives of other of his associates. Frank had earned for himself and those working with him much respect and admiration. His priest referred to him as a gentle man—this quality magnified his dedication and leadership within the many spheres of life into which he entered.

Recently, in his office, Frank was responding to questions on his philosophies of person to person relationships as they encompassed Law—Order—Justice and Virtue. Of Virtue Frank said, "THE GOODNESS OF AN INDIVIDUAL IS REFLECTED IN HIS TOTAL PERSON AND IN HIS CONDUCT WITH TOTAL PERSONS. THIS REPRESENTS A MAN BEING UPRIGHT IN SUCH THINGS AS PRUDENCE, FAITH, TEMPERANCE, HOPE, KINDNESS, CHARITY AND LOVE. IF WE HAD THEN, PEOPLE WHO WERE VIRTUOUS AND JUST WE WOULD NEED LESS OF THE FORMALITY OF ORDER AND LAW WHICH ARE MAN MADE RULES FOR CONDUCT WITH AND FOR EACH OTHER."

Norman J. Levin, President Howard L. Gordy Morris R. Yaffe Frank Block

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Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street



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Maryland Board of Pharmacy News

Francis S. Balassone

Francis S. Balassone, 56, secretary of the Maryland State Board of Pharmacy and acting director of state consumer health protection, died at his home in Baltimore at 11:00 p.m. on Sunday, January 2.

Balassone was a long-time champion of the National Association of Boards of Pharmacy and always was quick to share his personal honors with the Association. He served as president of NABP during the 1965-1966 business year. Recently, he had acted as the NABP representative to the Association of Food and Drug Officials of the United States. He served AFDOUS as chairman of the Committee on Drugs, Devices, Cosmetics and Hazardous Substances, and last summer he was awarded the Harvey W. Wiley award by AFDOUS in recognition of outstanding service and devotion to duty in administering the food and drug laws of his state.

One of eight children, Balassone funded his own way through the University of Maryland after his father's death by working in coal mines near Thomas, West Virginia, his birthplace, and by moonlighting as a barber. During his senior year, he was elected president of his pharmacy school class. He received his Bachelor of Science Degree in Pharmacy in June, 1940.

In 1942 he enlisted as a Private in the United States Marine Corps, and served with distinction in that branch of the Armed Forces until 1946 when he was mustered out as a Captain.

Balassone began his pharmacy career in various drug firms and then returned as an instructor to the University of Maryland School of Pharmacy. In 1965, he received the Honored Alumnus award from the alumni association of that school of pharmacy.

Balassone began service as secretary of the Maryland Board in 1955; his present term was to expire in April, 1974. Added to his board duties, he had been serving as chief, Division of Drug Control, Maryland State Department of Health and Mental Hygiene, and for the past year and a half he had been acting director of the state consumer protection agency. The position included a wide range of administrative duties in the protection of the public welfare. His appointment as the full director of consumer health protection was considered imminent at the time of his death. He had also served as President of the Central Atlantic States Association of Food and Drug Officials and as President of the Baltimore Branch of the American Pharmaceutical Association and the Alumni Association of his Alma Mater.

Other organizations that have benefited from Balassone's expertise included the Food and Drug Administration, United States Pharmacopoeial Convention, American Council on Pharmaceutical Education and American Public Health Association.

Balassone was at home, 4323 Glenmore Avenue, Baltimore, watching television when he succumbed to an apparent heart attack. He is survived by his wife, Dolores, and four sons: Frank, Jr.; John; Michael and Paul.

Pharmacy Changes

The following are the pharmacy changes for the month of December:

New Pharmacies

None.

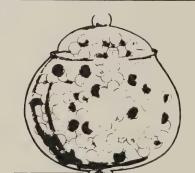
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Summary of Minutes of Board of Trustees Meetings

November 11, 1971

- 1. Communications included letter from federal BNDD placing amphetamine and methamphetamine combination products under Schedule III requirements. Letter from Secretary-Treasurer District III NABP-AACP requesting support of resolution for continuing education as a requirement for relicensing of practitioners. Letter from estate of B. Olive Cole transmitting several articles to the Cole Museum. Letter from APhA regarding re-scheduling of Preludin and Ritalin to Schedule II.
- 2. President Schwartz attended the following functions: Prince Georges-Montgomery County Pharmaceutical Association Scholarship Affair, AZO Regional Convention, TAMPA Annual Theatre Night and was a judge at a science fair in Annapolis where he awarded a prize on behalf of MPhA.
- 3. The Executive Director attended the meetings of the State Secretaries at the NARD Convention where major items were APhA-NARD relations, seminar on publications, and government health programs. Also attended meetings of the Maryland Health Maintenance Committee, Blue Cross regarding association group plan, Maryland Society of Association Executives, University Hospital Medical Grand Rounds program on Clinical Pharmacy, National Pharmaceutical Insurance Council regarding national health insurance, TAMPA affair, third-party program conferences regarding Esskay, Medicaid, Group Services, Inc. Bulletin was sent out regarding ceiling price information, Preludin and Ritalin reclassification, diabetes detection Dreypaks, BMPA meetings.
- 4. Executive Director announced that he had completed ten years of service on November 10.
- 5. Mr. Lachman stated that he is forming committees on various aspects of the Convention. Reported that response to the postconvention and reconvened trip to Mexico was excellent. The Board approved a request by Mr. Simon, Convention Trip Chairman, to reserve a 198-passenger plane in place of the 139 passenger plane and approved proposals for investigating a trip to Los Vegas in October and Israel in 1973.
- 6. Membership Committee Chairman Rubin reported that response to mailings and personal contacts at this time of the year had been very good. The need for a field representative was stressed in discussions. Mr. McHugh reported on the Third-Party Programs Task Force under the auspices of the School of Pharmacy. A questionnaire will be going out to pharmacies. The following new membership applications were approved: Marvin Goldberg, Marina J. Young, G. Lawrence Hogue, Baltimore; Philip Wilkes, Clinton; and Jack Chaverine, Lexington Park.
- 7. Treasurer Lindenbaum and Executive Director Gruz reviewed the financial report for the first ten months

- of the year. The need for a Sustaining Membership Committee and an Advertising Committee for the journal was pointed out.
- 8. Dean Kinnard reported that H. B. Gilpin Co. had indicated the possibility of a settlement in the amount due for the Swain Model Pharmacy. An MPhA Committee will meet with Gilpin to negotiate a settlement.
- 9. After considerable discussion of the finances and the dues structure, a motion was passed that the dues structure for 1972 be changed to include an increase in pharmacy fee for owners from \$25. to \$50.
- Mr. Kaufman, MPhA legal counsel, reported that he had prepared a draft for a bill for freedom of choice in prepayment plans.
- 11. Mr. Freiman reported on a meeting of the Ad Hoc Committee on Drug Product Selection which recommended MPhA sponsorship of proposal to amend state legislation to require prescription blanks to be imprinted with the following legend: "Authorization is given for dispensing of generic equivalent unless checked here:". There was a discussion of the "formulary system" approach and the setting of minimum standards of drug products to meet the problems of drug product selection. The Board approved a mandate for the Legislative Committee to implement the committee recommendation on drug product selection.
- 12. There was discussion of the need for a committee to restructure the Practice of Pharmacy Act. The registration of medical service representatives by the Board of Pharmacy will be recommended as a Board regulation under the licensing of manufacturers law.

December 2, 1971

- 1. Communications included letter from APhA on new regulations from BNDD on amphetamines and methamphetamines. Letter from APhA regarding communications to President's Assistant for Consumer Affairs and to the Department of Justice against promoting the advertising of prescription prices. Letter from H.E.W. to Mr. Gruz regarding his report on the providing of pharmaceutical services to nursing homes. This has resulted in directing a nursing home to record purchases in a manner more in line with standard accounting procedures. Letter from office of Chief Medical Examiner regarding drug abuse involving Pentazocine (Talwin) prescription forgeries, and at least one death has resulted.
- President Schwartz reported that various committees were working. He expressed appreciation to the BMPA for furnishing a refrigerator for the Kelly Building.
- 3. The Executive Director presented the Treasurer's Report indicating total income to date of \$44,512

and expenditures of \$45,193. This included payment of advance deposits for the 1972 Convention trip to Mexico. Indications were that the 1971 budget would be balanced.

The Executive Director noted that Board Chairman Fedder has been elected as President-Elect of the APhA Academy of General Practice, and Public Health Information Chairman Freiman has been officially appointed to the State Task Force on V.D. Considerable work has gone into the third-party payment plans including Esskay, the Model Cities Program and MPhA computer capability.

The Executive Director attended the Annual Meeting of the National Pharmacy Insurance Council, participated in conferences concerning the professional experience program of the School of Pharmacy and met with the representatives of the American Association of Board of Pharmacy and the American Association of Colleges of Pharmacy who visited the School of Pharmacy to review the program. Attended a meeting of the Affiliated State Association Executives at APhA in Washington where the agenda included: association management topics; policy issues, such as the wage-price freeze, posting of prescription prices; revision of pharmacy's organizational structure; convention and meeting planning.

- 4. Mr. Kaufman, MPhA legal counsel, reviewed the issue of drug product selection legislation and the status of the MPhA legislative program. He stated draft proposals would be available shortly.
- 5. Total membership through November 1971 was 841. Figures for November 1970 were 809. Convention Committee Chairman Lachman reported on progress for the Convention at the Washingtonian and on the trip to Mexico which is nearly sold out. The Public Information Committee report noted that more cases of diabetes have been detected through pharmacies with the Dreypaks than through any other source.
- 6. Finance Committee Chairman McHugh reported that receipts and disbursements for 1971 appeared to be \$47,500 with the budget in balance. After considerable discussion a budget of receipts of \$54,300 and disbursements of \$52,500 was approved for 1972. An agreement was reached with representatives of H. B. Gilpin Company in settlement of the amount due on the Swain Model Pharmacy. BMPA and the Alumni Association have agreed to assist in payment of this sum. Gilpin has also agreed to pay full sustaining membership for 1971 and 1972.
- 7. It was agreed that the Maryland Pharmaceutical Services Corporation will serve as an umbrella organization to serve small foundations in various neighborhoods in negotiation with HMO's. The MPhA Prescriptions Insurance Committee will bring back a definite proposal for the foundation type of Pharmaceutical corporation. The Joint Task Force of the MPhA and School of Pharmacy will study the proposals. Mr. Bookoff also reported on a plan for senior citizens proposed by MPhA. Dr. Tayback has advised the Executive Director that the State Health Department budget includes a request for increase in the Medicaid fee to \$2. They are also interested in instituting a maximum allowable cost policy. This has been turned over to the Pharmacy Services Subcommittee under Dr. Kinnard. The

- membership of Ralph Quarles of Baltimore was approved.
- 8. Mr. Fedder, who is chairman of the APhA Professional Relations Committee, discussed a meeting of that committee which involved the subjects of pharmacy manpower and methotrexate labeling. Mr. Bookoff spoke of services MPhA might give to third-party payment groups such as Medimet and PAID Prescriptions. A distinctive identification or decal for pharmacists participating in MPhA prescription prepayment programs will be developed. All Board members are to be provided with copies of NPIC Guidelines.

January 6, 1972

A special meeting of the Board of Trustees was called on January 6 to discuss the vacancies in the positions of Chief, Division of Drug Control and of Secretary of the Maryland Board of Pharmacy created by the sudden death of Francis S. Balassone.

Motion was passed that a letter be sent to the Secretary of Health and Mental Hygiene offering the services of the Association in the selection of the new Chief of Drug Control.

PHARMACY CALENDAR

- February 10—(Thursday) Maryland Society of Hospital Pharmacists meeting at Greater Baltimore Medical Center 7:30 p.m. Speaker—William J. Kinnard, Jr., Ph.D.
- February 27—(Sunday) University of Maryland Continuing Education Program, Session II, "The Arthritic Patient," University of Maryland, Baltimore County (UMBC).
- March 9—(Thursday) University of Maryland, School of Pharmacy Annual Alumni Dinner, Eudowood Gardens, 6:30 p.m.
- March 16—(Thursday) Maryland Society of Hospital Pharmacists meeting at Mercy Hospital, 6:00 p.m.
- March 16—(Thursday) Maryland Pharmaceutical Association Spring Regional Meeting, Annapolis Hilton.
- April 22-28—American Pharmaceutical Association Annual Meeting, Houston.
- May 7-9—Annual Convention, Maryland Pharmaceutical Association, Washingtonian Motel and Country Club, Gaithersburg, Maryland.
- May 17-22—Post-convention trip, Maryland Pharmaceutical Association, Pierre Marquis Hotel, Acapulco, Mexico.
- May 31—(Wednesday) Annual Alumni Graduation Banquet, University of Maryland, School of Pharmacy.
- October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.

Fedder President-Elect In GP Academy Balloting

Donald O. Fedder as President-elect heads the slate of officers just chosen by mail ballot of the members of the APhA Academy of General Practice of Pharmacy.

A Baltimore community pharmacist, Mr. Fedder graduated from the University of Maryland, School of Pharmacy in 1950. He also attended Western Maryland College, and served in the U.S. Army 1945-1946. In 1951 he opened Fedder's Pharmacy in Dundalk and established a convalescent aids department and a fitting service for orthopedic and surgical braces and appliances. He formed the Dundalk Medical Supply Company in 1959 and in 1965 opened a branch office in downtown Baltimore exclusively devoted to fitting braces and supports.

Mr. Fedder has long been active in pharmaceutical associations at the local, state and national levels. He was MPhA's Finance Committee Chairman in 1967 and 1968 and Chairman of the Health and Welfare Committee from 1967 to 1970. He is active in the American Pharmaceutical Association where he was a member of the Social and Economic Relations Committee from 1969-1971. He served as President of the Baltimore Metropolitan Pharmaceutical Association in 1968 and as President of the Maryland Pharmaceutical Association in 1970-1971. He is Chairman of the 1972 APhA Committee on Professional Affairs.

Other officers and Executive Committee members elected were: Vice President: James R. Ramseth of Renton, Washington; Executive Committee: Region I: Aaron Silnutzer, Cherry Hill, N.J.; Region II: Wallace S. Klein, Jr., Salem, Virginia; Region III: Richard C. Carroll, Palos Park, Illinois; Region IV: Gary R. Cornell, Kent, Washington; and Region V: Carl G. Britto, Fremont, California.

The slate will be installed in office during the APhA Annual Meeting in Houston, Texas, April 22-28.

Washington County Pharmaceutical Association

The Washington County Pharmaceutical Association held a meeting on Wednesday, December 15, 1971 at the Venice Restaurant in Hagerstown. The guest speaker was Mr. Chuckla of the Washington County Drug Administration.

Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society held their annual Winter Meeting on January 16 at the Federalsburg Firehouse. The guest speaker was Robert Berger, D.D.S. of Wilmington, Delaware who spoke on pharmacist-dentist relationships. James Truitt hosted the meeting.

Recently elected as officers of the Eastern Shore Pharmaceutical Society for 1972 were: President—William P. Smith, First Vice President—William Connor, Second Vice President — James Edwards, Secretary — Samuel Morris, Treasurer—Thomas Payne.

TAMPA News

The Traveler's Auxiliary of the Maryland Pharmaceutical Association held its annual Gala Christmas Meeting on Saturday, December 4 at Ordelle Braases's Flaming Pit Restaurant in Timonium, Maryland. Mr. Louis Rockman, Memorial Fund Chairman, announced that TAMPA would again this year present a donation to a needy charitable organization.

TAMPA held its annual "Goodwill" Meeting on January 13 at Snyder's Willow Grove Restaurant in Linthicum, Maryland. The guest speaker was Joseph Corrigan of the Baltimore County Police Department. Mr. Corrigan was formerly with the Juvenile Squad and is now with the Homicide and Investigation Division. His topic was entitled "Crime In Your Community."

The group had also planned their annual Oyster Roast for February 5 at the Knights of Columbus Hall, East Baltimore.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association held a general membership meeting on November 8 at the Coca-Cola Auditorium in Hillendale, Maryland. The featured speaker was Dr. Christopher A. Rodowskas, Jr., Director, Pharmacy Manpower Information Project, Department of Health, Education and Welfare. Dr. Rodowskas, a former Maryland pharmacist, is temporarily on leave from his Associate Professor duties at Ohio State University. The meeting also included an open forum on pharmaceutical topics and a business session.

The Executive Committee met at the home of Gabriel Katz on January 13 and a general membership meeting was scheduled for January 20 at the Coca-Cola Auditorium.

Average Prescription Charge Is \$4.06

The Lilly Digest reports that in 1970 the average prescription charge in the United States was \$4.06. The average professional fee for pharmaceutical service on a per prescription basis was \$1.80. The study also showed that the salaries of employed pharmacists average in the \$12,000 to \$15,000 per annum range.

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists Meeting of December 9, 1971

The December 9 meeting of the Maryland Society of Hospital Pharmacists was held at the Baltimore Student Union, Alumni Lounge of the University of Maryland. The President, Mary W. Connelly, introduced the guest speaker, Dr. William Spicer, Associate Dean of Health Care Programs, University of Maryland, School of Medicine. His topic was "The Changing Health Care System." Dr. Spicer described the role that the clinical pharmacist and pharmacy technician will have in the health care system.

The Acting President, Normand Pelissier, read the list of American Society of Hospital Pharmacists' continuing education programs for 1972. The 29th Annual Meeting of the ASHP will be held in conjunction with the APhA Annual Meeting April 24-27, in Houston,

Paul Burkhart, Program Chairman, reported that the January meeting would be held at St. Agnes Hospital on January 13 at 7:30 p.m. Robert Kerr, Pharm. D., will speak on "The Clinical Pharmacist's Role in Today's Practice." The February meeting will be held at the Greater Baltimore Medical Center.

Ronald Telak gave the report from the Ad Hoc Committee on Medicaid Reimbursement. The Committee developed three position statements which it presented for consideration before the Membership. These were:

- 1. All Medicaid prescriptions requiring pharmaceutical services should be reimbursed under the same formula whether or not the ingredients are "legend" drugs.
- 2. The logical formula for Medicaid prescription reimbursement would be invoice cost plus a service fee individually determined for each vendor. The individual fee would reflect that particular vendor's cost for providing the service and would take into consideration all the components of service; e.g., patient records, hours of availability of service, etc.
- 3. We are opposed to a change in the present Medicaid reimbursement formula that would be discriminatory against a particular group of vendors, namely hospital pharmacies. The same formula or type of formula should apply to all vendors.

Following a discussion from the floor, a motion was made to defer consideration of this position statement to the January business meeting to allow the membership to study the recommendations of the Ad Hoc Committee. The motion was passed. Each member will be furnished with a copy of this report.

Robert E. Snyder, Chairman of the Guidelines Committee, reported that the committee would meet with Carl DeMarco, attorney for the American Society of Hospital Pharmacists, for the purpose of consultation on procedures for legal implementation of the "Guidelines for Pharmacy Service in Hospitals." June Shaw resigned as the MSHP representative to the Maryland Health Careers Council and will be replaced by Normand Pelissier.

New members accepted into the Society were: Sammuel Morris, John Vakoutis and Elliot Kahn. The membership voted for Robert Snyder, Thomas Patrick and Paul Burkhart to be the Society's delegates to the annual meeting. Mary Connelly, Arthur Riley and Sydney Burgee were elected as alternates.

Meeting of January 13, 1972

The Maryland Society of Hospital Pharmacists held their January 13, 1972 meeting at St. Agnes Hospital in Baltimore. Guest speaker for the evening was Robert Kerr, Pharm. D., Instructor in Clinical Pharmacy, University of Maryland, School of Pharmacy. Dr. Kerr's speech, entitled "The Clinical Pharmacist's Role in Today's Practice," outlined the functions of the Clinical Pharmacist as clinical pharmacy is practiced today and what changes in these functions would probably be forthcoming.

Normand Pelissier reported on the December 28 meeting of the Maryland Health Careers Promotion Council. The Council has established a Funding Information Committee for the purpose of providing a central source of information on the availability of scholarship and loan money for the health career student.

Program Chairman Paul Burkhart reported that the next meeting would be held at the Greater Baltimore Medical Center on February 10. The guest speaker will be Dean William J. Kinnard, University of Maryland, School of Pharmacy. The March meeting will be held at Mercy Hospital on March 16, at 6:00 p.m.

A position statement from the Ad Hoc Committee on Medicaid Reimbursement presented by Ronald Telak at the December meeting was endorsed by the membership

The Nominating Committee consisting of Robert E. Snyder, Chairman; Samuel Lichter; and John R. Newcomb will announce a slate of officers at the March meeting. Henry G. Seidman has agreed to evaluate our programs for continuing education. Alan Jaskulski, our representative to the School of Pharmacy Ad Hoc Committee on Third-Party Payments and Dr. Dean Leavitt, Committee Chairman, are conducting a survey on the educational needs for students in the area of third-party payment programs. Questionnaires will be sent out to each pharmacy.

Howard Sherman has resigned his chairmanship of the membership committee and Charlotte B. Scholleck has replaced him. A motion by Thomas E. Patrick to send a letter to Governor Marvin Mandel offering the Society's assistance in the selection of a new Chief of the Division of Drug Control was passed. New members approved at the meeting were: Frederick Weiss, Johns Hopkins Hospital; Adrienne Watson, School of Pharmacy, Class of '73; and Martina Callum, School of Pharmacy, Class of '74.

President Connelly thanked Chief Pharmacist Bernard Fisher for hosting the meeting.

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A.Z.O. Pharmaceutical Fraternity Fall Regional Convention



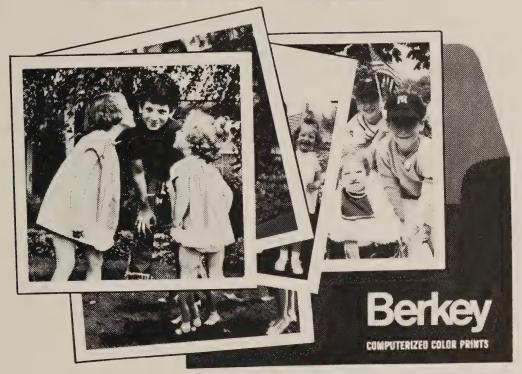
Photos taken at the 1971 A.Z.O. Regional Meeting held at the Hunt Valley Inn, Baltimore, November 6, 7, 1971. Upper left corner, front row (l to r): Gerald Freedenberg, Directorum, Kappa Chapter; Dean William J. Kinnard, Jr., University of Maryland, School of Pharmacy, holding Honorary Membership certificate; Henry G. Seidman, Toastmaster; Mitchell Ross, National Directorum; back row: Nathan I. Gruz, Executive Director, MPhA and BMPA; Irvin Kamenetz, President, BMPA; Francis S. Balassone*, Secretary, Maryland Board of Pharmacy; Nathan Schwartz, President, MPhA; Melvin Rubin, Convention Chairman. Upper right: Max Ansell presenting 50 year pin to Morris Schenker. Middle left: Melvin Rubin receiving convention gift from Gerald Freedenberg. Upper middle right: Godfrey Kropnick presenting 50 year pin to Nathan Cohen. Lower middle right: Hersch Cohen, Henry G. Seidman and Sam Block, receiving 50 year pin. Bottom photo: (l to r)

G. Seldman and Sam Block, receiving 50 year pin. Bottom photo: (l to r) Stuart Shpritz, Max Ansell, Morton Cohen, Albert Friedman, Henry Seidman (rear), Emanuel Friedman, Irving Pruce, Paul Siegel, Morris Walman, Irving Zerwitz and Jerome Friedman.

*deceased



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A Review of Existing Training Programs for Supportive Personnel in Pharmacy

By Louis P. Jeffrey, M.S.

Director of Pharmacy Service, Rhode Island Hospital, Providence, Rhode Island; and Clinical Professor of Pharmacy, University of Rhode Island, Kingston, Rhode Island

Presented at the Sixth Annual Seminar of the Maryland Society of Hospital Pharmacists, Ocean City, Maryland, June, 1971

The utilization of supportive personnel in hospital pharmacy has been a topic of interest and discussion for almost twenty years. A review of the literature reveals a number of publications which document the need and justification for the creation of a "second level pharmacist." This position parallels the medical and nursing profession which have been confronted with a similar situation. This fact is based upon the increased demand for health care systems and the complex manner in which health services are delivered.

For a number of years, the profession of pharmacy has been a "house divided" with respect to this subject. Thus it was not inappropriate for the American Society of Hospital Pharmacists to conduct a "Workshop on Subprofessional Personnel in Hospital Pharmacy". This conference had two objectives—one of them related to education and training . . .

"development of recommendations for prescribed education and training programs for (these) technicians."

The participants at the Workshop reached the following agreement with respect to education and training:

"It was generally agreed that inservice or academic training was required for technical supportive personnel."

The invitation to attend and participate in the Workshop on Subprofessional Personnel in January, 1969, provided us with an opportunity to broaden our perspective and utilize a consensus of viewpoints in making some final decisions with respect to our new venture. Thus in February, 1969, the Department of Pharmacy of Rhode Island Hospital inaugurated a Technician Training Program.

Since there were no officially adopted standards with respect to nomenclature, education and training, and functions of the technician in a professional practice situation, the Rhode Island Hospital established its own standard.⁵

The major components of this program included a format of selected lectures on subjects which would provide essentially pharmaceutical knowledge related to job function, a series of individual and group conferences were provided to correlate theory with practice, and a

planned schedule of on-the-job training in all areas of the Pharmacy and other service areas of the Hospital. One thousand hours of training were established as the standard for the Technician Training Program.

One additional standard which we had established concerned the education and qualifications of the applicant. He or she must be a high school graduate or rather, we would prefer to accept those people who had a degree from a junior college or its educational equivalent. In addition, former servicemen who served as corpsmen or technicians in the armed forces were deemed qualified. Utilizing these criteria as standards for the program, we accepted and trained three classes of technicians. While there was a great deal of interest and enthusiasm on the part of the applicants (more than ten applicants for each trainee position), the net result was not encouraging!

In graduating a class of two and then three technicians, we did not have one full-time technician remaining on the staff. Of the five trainees who were accepted in the initial program.

- 1 departed due to his personal problems outside the Hospital,
- 1 got married and moved to another part of the country,
- 1 was drafted and then enlisted into the military service,
- 1 resigned to enter the School of Nursing
- 1 resigned to enter the School of Ventilation Therapy.

Consequently, after twelve months of hard work and intensive effort to indoctrinate and train these people in assuming some of the routine functions performed by pharmacists, we were no further ahead after one year than when we started.

Our third group of applicants exhibited the same interest and enthusiasm which had characterized its predecessors. Somewhere along the 1,000 hour path to Technician status something was happening. The situation was carefully studied by the Committee on Education and Training of the Department of Pharmacy which has the Primary responsibility for all education and training programs in the Department. After an indepth review of the parameters defined by the training standard, several major changes were recommended and adopted. They are as follows:

1. While it is desirable to recruit and include graduates of a junior college or college dropouts, we would concentrate on high school graduates with good employment experience. Our experiences indicated that the clearly defined assignments for a technician were adequate and were designed to produce job satisfaction. We felt that a high school graduate with a good record could fit well in the technician job description. It should be emphasized that we had and still do exclude such mundane chores as packaging and label-

ing, shelving stock, receiving, inventory control, clerical activities, and others.

- The training period standard was reduced to 500 hours. The former requirement of 1,000 hours not only seemed exhaustive to the trainee but unnecessarily long to us. Since the classes had to be controlled in size due to our physical facilities and other teaching programs, our matriculation capacity was limited.
- The revised training period would continue to include essentially the same amount of lecture time but would decrease the conference activities and the onthe-job training hours. The information which the trainee received in his lecture was not altered and his learning opportunity was kept both basic and essential. The classroom hours were supplemented by homework assignments and outside reading. The time allocated to individual conferences on a scheduled basis was reduced. The trainees participation in group conferences or meetings remained unchanged. The on-the-job training schedule was that part of the program which was most affected. A new schedule placing greater emphasis on training in the areas directly related to work assignments was prepared. In essence, we were taking the "fat" out of the training program.
- The establishment of a 160 hour advanced technician training program. It was recognized that the reduction of hours in the on-the-job training component of the program would provide only basic or rudimentary knowledge in some areas of pharmacy function. An advanced training program would require an additional syllabus concentrating in one specialized area, i.e., sterile products formulation, unit dose drug distribution system, etc.

The application of the new standards has a significant effect upon the program, the trainees, and our graduates. Some of the noticeable results were:

- 1. There was no significant increase or decrease in the number of applicants who applied for the program.
- 2. The interest and enthusiasm of the trainees remained at a high level.
- The quality of the program and the capability of the graduate were not compromised.
- The retention of the Technician after graduation was no longer a problem.
- The Department could implement and expand new and additional programs with the assistance and contribution of the supportive personnel.

JUSTIFICATION

There are a number of reasons why we believe that the on-the-job trainee approach in the institutional environment is the best method for educating and training pharmacy technicians. They are as follows:

- . The Technician Is Trained By Practicing Pharmacists! This relationship establishes immediately the leader versus the assistant relation between the pharmacist and the technician. We feel that a technician educated and trained in an environment other than an on-the-job situation might assume an attitude that would be detrimental to the pharmacist/technician rapport.
- On-The-Job Training Allows You To Prepare For Your Needs. This simply means that when you need technicians, you recruit and train technicians. You

- don't have to depend on an independent outside source to furnish you with these personnel.
- 3. The On-The-Job Training Approach Allows For An Immediate Updating Of The Program. If we establish a new service program in our Pharmacy today, the technician trainee will receive experience in that program tomorrow. There is no lag time so the program is always up-to-date, at least within our own institution.
- 4. On-The-Job-Training Will Allow Many Individuals Who Can Not Afford The Expense of College Training To Acquire Career Training With Little Or No Monetary Investment.
- 5. On-The-Job-Training Helps You To Fit The Person To The Job. The training period permits you to evaluate the technician and correct apparent weakness during the on-the-job-training period.
- 6. On-the-job-Training allows you to eliminate undesirable trainees from the program before a large investment of time and effort is made. It also allows the Trainee to change his mind before he has made a total commitment to a position of Pharmacy Technician.
- 7. Lastly, the on-the-job-training program appears to provide just the right amount of experience so that the Technician is confident, capable and productive but yet is not elevated to a point of feeling overconfident and trying to usurp professional prerogatives.

CONCLUSION

It is gratifying to document the disposition of the trainees who have graduated since we have adopted the revised program. First, all applicants (eleven in three classes) who were accepted as trainees completed the program. But what is more important, at least to us, is that all eleven requested positions in the Department and ten (one left because of psychiatric problems) are now serving with us. It is difficult to assess the exact reasons for the stabilization of our Technician Training Program. Perhaps, time and the evolution of a concept in a wilderness of professional isolation were key factors. Rather, we would like to think that the changes which we initiated and implemented have made this venture stimulating and successful. However, our past experiences demand that we monitor the program carefully, to keep tuned in to the trainee and his reaction to the components of the training program. And lastly, to provide a stimulating and challenging opportunity for the Pharmacy Technician as he seeks personal recognition and job satisfaction in a responsible role to assist the pharmacist in making a more meaningful contribution to the patient and the health care delivery system.

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Early Pharmacy in the Baltimore Campus Area

(UNIVERSITY OF MARYLAND)

Part VI

By B. F. Allen, Ph.D.

During the brief association from 1844-1847 of the Maryland College of Pharmacy with the old, privately-owned and operated University of Maryland in Baltimore at the northeast corner of Lombard and Greene Streets, the first professorship in pharmacy in the United States was established. David Stewart, M.D., an alumnus of the University of Maryland School of Medicine in 1844, was appointed Professor of Pharmacy from 1844-1846.

In 1846 William Procter, Jr., the "Father of American Pharmacy," became Professor of Pharmacy—the first in the United States coming from pharmacy—at the Philadelphia College of Pharmacy. Procter was born in the historical Fells Point area of Baltimore and graduated from the Philadelphia College in 1837.

David Stewart was born in 1813 in Port Penn, Delaware. He arrived in Baltimore at the age of 18 to study pharmacy and chemistry. A few years later he became active in politics as well as in civic affairs. David Stewart was a member of the City Council from 1835-1837 and the State Senate in 1840 and was School Commissioner of Baltimore in 1836.

David Stewart and his brother, James, opened a pharmacy on Charles and Lexington Streets in 1839. This arrangement supposedly continued for one year when the brother opened his own store at Hanover and Camden Streets. However, David Stewart, druggist, was also listed in 1841 at the southeast corner of Hanover and Camden Streets. An advertisement in 1870 pertaining to this identical location describes the activities of "Dispensing Chemists," J. V. D. Stewart and Henry S. Reay, established in 1834. The Maryland College of pharmacy listed Henry S. Reay, a student from Pennsylvania, as a graduate in 1863.

One of the requisites for graduation from the Maryland College of Pharmacy was an apprenticeship in first-class apothecary stores selected by the College. J. V. D. Stewart was the preceptor of Edwin C. Livingston (1869-1870), Charles R. Webster (1875-1877) and Emile Lautenbach (1880-1883). The "Dispensing Chemists," Stewart and Reay, were the preceptors of Justin L. Hill (1877-1879), and J. V. D. Stewart and Co. for Abram Row (1884-1886).

As early as 1870 arrangements were made by the College for students to serve as apprentices for four-year periods under one employer unless released by his consent. The character of work required compounding and dispensing of medicines behind a retail counter; and the preparation of those various pharmaceutical articles, daily demanded and retailed upon those physician's prescrip-

tions which afforded the student the practical information most needed.

The apprentice's time and labor could not be consumed in wholesale manufacturing, bottling, corking or wrapping of proprietary articles often required of the student for the proprietor's profit and of no earthly advantage to the apprentice. It was believed that the rigid enforcement of a practical course in the retail store proportionately enhanced the value of a diploma from the College.

In 1870 the attention of medical students was particularly called to the course of instruction in the pharmacy college as being of great practical value for practicing in the county where the physician has also to perform the office of pharmaceutist. However, the medical students were ineligible for a degree from the College.

It is difficult to imagine that the area of Hanover and Camden Streets was a residential neighborhood! On the northwest corner of Pratt and Sharp Streets still stands the house, somewhat modified for commercial use, purchased in 1821 by Moses Sheppard. Upon his death he left money for the establishment of a mental hospital, later known as Sheppard Pratt. Mr. Sheppard occupied the house for 36 years and was visited by presidents of banks, railroads and other businesses.

David Stewart was one of the earlier pioneers representing the Baltimore apothecaries at the organization meeting in 1840 of the Maryland College of Pharmacy. At the next meeting that same year the first officers of the college were elected, and Stewart became a member of the Board of Examiners. This administrative body orally examined applicants for membership not receiving the unanimous vote of the Board of Trustees and also investigated the quality of medicines such applicants were dispensing.

The Maryland College of Pharmacy was incorporated by the Maryland Legislature in 1841, and the name of David Stewart, one of seven individuals, appears in the Act of Incorporation signed by Governor William Grason.

The first course of lectures at the new institution was given in the back room of Thomas G. Mackenzie's drugstore at the northeast corner of Baltimore and Gay Streets in 1841. Mackenzie was one of the original incorporators of the College, and his store was established in 1823. Neither the instructors at the school nor Mr. Mackenzie received the slightest compensation. It has been stated that the first class of six young men, with instructors to serve on alternate nights, so monopolized all available space as to interfere seriously with other business uses and to become a positive nuisance.

Also the idea of a medical school in Baltimore to give better training to prospective doctors and surgeons may have been conceived just a short city-block away. Dr. Charles Frederick Wiesenthal, who had come from Prussia in 1755, had long been conducting classes in the rear of his place at Gay and Fayette Streets.

David Stewart lectured without notes on chemistry but followed a dispensatory in his other talks. He dwelt

^{*}This is the sixth installment in a series of continuing articles which has been published in this Journal since August 1966. The author is a registered pharmacist in Maryland and Associate Professor of Pharmacy at the University of Maryland in Baltimore.

¹Beginning in 1870, advertisements list J. V. D. Stewart in this manner.

onsiderably on physics, and his only piece of apparatus vas a statical electric machine with which the class mused themselves by taking shocks. Many years later, a nember of the first graduating class stated that Stewart's alks were of little value as he was a poor speaker with a combastic style.

In 1845 Professor David Stewart, the first incument of a separate and distinct chair of pharmacy in the Inited States, delivered a course of lectures in the halls of the University of Maryland. At that time a letter was ddressed to Doctor Stewart by the medical students, askng permission to attend the lectures on pharmacy, and t is needless to say that the request was cheerfully granted. During that winter, medical and pharmaceuti-cal students jointly attended Stewart's lectures delivered n Chemical Hall, the first-floor lecture room in the buildng now known as Davidge Hall at the northeast corner of Lombard and Greene Streets, thus marking the first close intercourse between the classes of allied professions. t is interesting to note that the 1970 Remington Medalst called for making every pharmacy college "part of a nuch larger school of the health professions," in which he pharmacy student would have close contact with and ake courses with students in medicine, dentistry, nursng, social work and related fields.

Dr. David Stewart resigned his office as Professor of Pharmacy in 1846. The following year he and several other medical practitioners established the Maryland Medical Institute, a medical preparatory school, on Fayette Street at the corner of Elbow Alley. Stewart was later appointed by the government to the position of Inspector of Drugs for the Port of Baltimore from 1850-1853.

In May 1853 Doctor Aikin, a former associate of Stewart's at the College of Pharmacy and Professor of Chemistry in 1844, was appointed Inspector of Drugs to succeed him. William E. A. Aikin, M.D. (1807-1888) was a teacher of science at the University from 1836-1883 and a member in 1840 of the first committee to plan a college of pharmacy in the city of Baltimore.

David Stewart was Professor of Chemistry and Natural Philosophy from 1855 to 1862 at St. John's College in Annapolis. During this time he acted as the chemist to the State Agricultural Society. On one occasion he was also Acting President of the College. In 1907 St. John's College affiliated with the University of Maryland in Baltimore and became the Department of Arts and Sciences of the University. One plan was to let students who proposed to study law take the essential, required courses for their academic degrees at St. John's and at the same time attend the afternoon law lectures in Baltimore as their senior elective studies, thus saving a year in the combined courses.

Doctor Stewart's interest in pharmacy continued even after resigning his professorship in the Maryland College of Pharmacy. It is reported that he first used in 1852 the title, "The American Pharmaceutical Association," and is considered a founder of that national organization. At the Philadelphia meeting of this national professional association in 1852, Stewart was placed on the nominating committee. The second annual meeting was held in Boston in 1853, and he was a member of a special committee to prepare an address to the pharmacists of the United States on the subject of pharmaceutical education. He was a member of a Maryland Medical Committee that proposed in 1855 the metric system for the U.S.P. He also wrote several scientific articles which were

published in Maryland medical and pharmacy journals from 1840 to 1860.

Six students attended the first course of lectures which began in 1841 at the college quarters at Baltimore and Gay Streets; however, only three were successful. Frederick A. Cockrane, Alpheus P. Sharp and William S. Thompson comprised the first graduating class in 1842, and the commencement was held at a hall on St. Paul Street near Lexington. Robert H. Coleman, one of the incorporators of the College of Pharmacy, delivered the address which was teeming with useful advice from his individual experience. The number of graduates then dwindled to one in 1844 namely, Samuel Rodgers.

Robert H. Coleman, who delivered the address at the first commencement held at the old Masonic Hall on St. Paul Street, was stated to be a remarkable pharmacist. In 1891 the most accredited retail drugstore of the period was Coleman and Rodgers, 176 West Baltimore Street, just east of Light. They were patronized by the best and wealthiest families, stood high personally, drove fast horses and were looked upon by the trade in every respect as fashionable.

During the arrangement with the University at Lombard and Greene Streets there were no graduates in 1845 or 1846. The last course of lectures was given during the winter of 1846-1847. The last graduates of this era were J. Faris Moore, John W. Read and Christian Steinhofer in 1847.

It is interesting to note that at the time of graduation, Maryland was listed as the residence of Cockrane, Rodgers, Read and Steinhofer; Delaware, of Thompson and Moore; and Virginia, for Sharp. However, the College sometimes listed Germany as the residence of some students, and it appears that Steinhofer was possibly in this category.

Alpheus P. Sharp (1824-1909), one of the first three graduates from the Maryland College of Pharmacy in 1842, resided at one time on nearby South Paca Street, house number 88 which was later changed to 412. In 1842 he assisted Charles C. Caspari, father of the first pharmacy dean at the University of Maryland, to open his drugstore at 34 North Gay Street as he could not speak English and knew only the German method of running the business. He remained with Caspari for six years, much of the time taking almost absolute charge of the store. Mr. Caspari was great on decoctions and infusions and even brought over with his from Germany an apparatus for preparing them. In this drugstore they also made extract of hyoscyamus, getting as much product as weight of drug taken. Caspari knew all about chemical symbols and would have been a professor at the College of Pharmacy were it not for his English.

In 1849 Mr. Sharp bought out James W. Gordon, who later became a large glycerin manufacturer in Cincinnati, and opened his own store at the southwest corner of Howard and Pratt Streets. Several years later he took into his store Louis Dohme who was born in Germany in 1837 and came to Baltimore in 1845 with his parents. Mr. Dohme could scarcely speak English but quickly picked it up to perfection. He was apprentice to Mr. Sharp and graduated with high honors from the Maryland College of Pharmacy in 1856. Louis Dohme advanced to the position of head clerk, and in 1856 he was admitted to a partnership in the concern. In 1860 the firm name of Sharp and Dohme was adopted, and Charles Emil Dohme, his brother, became a clerk in the store.

(For a long time an employee pharmacist was called a

During the Civil War when the Sixth Massachusetts Regiment passed through Baltimore in 1861 enroute to Camden Station, it was attacked by a mob. Twelve of the wounded soldiers were treated in the Howard and Pratt Street store.

Charles E. Dohme, a Maryland College of Pharmacy graduate in 1862, was sent to Washington, D.C. to gather ideas and information concerning the manufacture of chemicals. While in Washington in the interests of the firm, he became a clerk in the store of N.F. Kidwell, who furnished the United States Government with a large amount of supplies for the medical staff of the army. Mr. Dohme returned to the Baltimore firm in 1865, and from that time forward the Sharp and Dohme organization constantly increased the scope of its operations. In 1866 Charles E. Dohme married Ida Schultz whose home was on nearby West Fayette Street, house number 1028.

In 1886 Mr. Sharp retired from the business, and his interests were purchased by the two Dohme brothers. Many years later Sharp was described as an energetic, full-sized gentleman of the plain, sturdy type. He weighed 175 pounds and was five feet, ten inches in height with a brownish moustache and stubby beard mixed with white. He was rather indifferent to dress, void of mannerism, free in speech and opinion upon subjects of his experience, at times with hurried movement and action. He was slightly blustery and inclined to emphasize small things, hesitating about larger ones. Sharp lived simply in spite of means, justifying indulgencies and possessed mental and mechanical originality. He experimented in

agricultural chemistry, fertilization, phrenology; contributed articles to pharmaceutical literature and occasionally attended college meetings and functions helpful to pharmacy.

Alpheus Phineas Sharp, in his eighty-fourth year, attended a mass meeting of all alumni of the University of Maryland held in 1907 at a hall located at 410 West Lombard Street. His presence representing the Class of 1842 testified to the good will of all pharmacy graduates toward the University in general and assured the Board of Regents that they were ever ready to contribute their share to the general uplifting and improvement of the institution.

In 1870 it is interesting to note the residence location of some of the aforementioned individuals: Alpheus P. Sharp, 88 South Paca Street; Charles Emil Dohme, 263 West Pratt Street; Dr. William E. A. Aikin, 25 Hamilton Street (north of Franklin near St. Paul); William S. Thompson, Waverly, Baltimore County (today near Greenmount Avenue and 33rd Street); James V. D. Stewart, 69 Cathedral Street; Henry S. Reay, 15 North Broadway; and Louis Dohme, 203 West Lombard Street.

DID YOU HIRE A NEW PHARMACIST LATELY? . OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL OR-GANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

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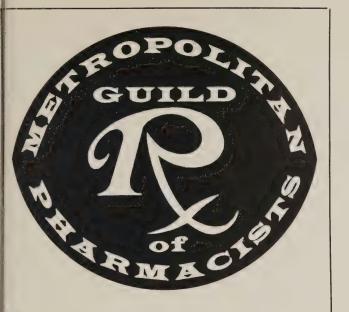
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Capastat Sulfate (capreomycin sulfate, Lilly), an intramuscular antibiotic preparation for the treatment of pulmonary tuberculosis, is being introduced by Eli Lilly and Company.

Capastat, which is to be used in conjunction with other appropriate anti-tuberculous agents, is indicated in pulmonary infections caused by susceptible strains of *Mycobacterium tuberculosis*. Capastat should be used when the primary agents (isoniazid, aminosalicylic acid, and streptomycin) have been ineffective or cannot be used because of toxicity or in the presence of tubercle bacilli resistant to them.

The use of this antibiotic in patients with renal insufficiency or hearing impairment must be undertaken with great caution, and the risk of additional eighthnerve impairment or renal injury should be weighed against the benefits to be derived from therapy.

Since other injectable antituberculous agents, such as streptomycin and viomycin, also have similar and sometimes irreversible toxic effects, particularly on eighth-cranial-nerve and renal function, simultaneous administration of these agents with Capastat is not recommended.

Use with nonantituberculous drugs, such as polymyxin, colistin sulfate, gentamicin, kanamycin, and neomycin, which have ototoxic or nephrotoxic potential, should be undertaken only with great caution. Hearing measurement tests should be performed prior to, and at regular intervals during, therapy with Capastat.

The safety of the use of Capastat in pregnancy and in infants and children has not been established.

Capastat Sulfate is a polypeptide antibiotic isolated from *Streptomyces capreolus*. It is a complex of four microbiologically active components that have been characterized in part; however, complete structural determination of all the components has not been established.

The antibiotic should be given by deep intramuscular injection into a large muscle mass, since superficial injections may be associated with increased pain and the development of sterile abscesses.

The usual dose of Capastat is 1 Gm. daily (not to exceed 20 mg. /Kg. per day) given intramuscularly for 60 to 120 days. This should be followed by 1 Gm. intramuscularly two or three times weekly until the conclusion of therapy (usually 18 to 24 months).

Capastat Sulfate, equivalent to 1 Gm., is supplied in 5-ml.-size rubber-stoppered ampoules (No. 718).

The suggested net trade price is \$3.00 per ampoule.

Compazine tablets and Thorazine tablets (Smith Kline and French Laboratories) are now available in unit dose packages. A 100-tablet single unit carton will cost the same as a 100-tablet bottle in comparable strengths. Compazine tablets are available in strengths of 5 and 10 mg. Thorazine tablets will be available in strengths of 10 mg., 25 mg., 50 mg., 100 mg., and 200 mg.

The Upjohn Company announces the introduction of a new antibiotic indicated in the treatment of gonorrhea. Trobicin (spectinomycin dihydrochloride pentahydrate) is an inhibitor of protein synthesis in the bacterial cell. It is not indicated for the treatment of syphilis. Trobicin is supplied in 2 Gm. and 4 Gm. vials. The usual dose for males is 2 Gm. intramuscularly and for females

it is 4 Gm. which may be divided between two gluteal injection sites.

The drug, which has been proven effective in 95 per cent of the cases tested, will be used mainly as an alternative to penicillin, which has adverse side effects on some patients. Penicillin is still considered the drug of choice for gonorrhea unless the patient is allergic to penicillin or the organism is not sensitive to penicillin.

Bristol Announces The Most Complete Antibiotic Unit-Dose System Available

Bristol Laboratories has expanded its Dosa-Trol system to provide what is currently the most complete antibiotic unit-dose system available to the medical profession.

The Dosa-Trol system, which includes both liquid and capsule dosage forms, provides accurate product identification which minimizes the possibility of medication errors. Moreover, it expedites drug dispensing, thereby enabling the hospital pharmacist to make more efficient use of his time. Bristol's unit-dose system increases accuracy in patient record-keeping and billing, improves inventory control, and is compatible with existing systems.

The liquid Dosa-Trol supplies a single measured dose of medication, each in its own dispensing bottle. The container's wide-pour spout makes the medication easy to reconstitute and easy to administer. Each bottle has an accompanying pressure-sensitive label for recording patient and physician names and the hospital room number. The distinctive packaging and labeling present easy and accurate product, dosage form, and dosage-strength identification. In this way, drug identification is retained to the patient's bedside and the possibility a medication errors is reduced.

Bristol's capsule Dosa-Trol system has been expanded to include all major Bristol antibiotics. This system protects the capsule while safeguarding the patient against contaminated medication. Clear labeling and the easy peel-off backing of each unit make for accurate patient record-keeping and billing.

Connecticut Increases Pharmacist's Registration Fees

The NABP Newsletter notes that new legislation concerning pharmacist's registration fees, was signed into law by Connecticut Governor Thomas J. Meskill in 1917. The new legislation increases pharmacy premise license renewal from \$15.00 to \$150.00. Other raised fees in Connecticut include: Annual Renewal of License to Practice Pharmacy—from \$5.00 to \$100.00. Annual Renewal of Assistant Pharmacist License—from \$5.00 to \$100.00. Pharmacist examination fee—from \$25.00 to \$150.00. Reciprocal exchanges—from \$50.00 to \$150.00 and Failure to renew pharmacist license—from \$10.00 to \$125.00.

According to the Bulletin of the Institute of Laboratory Animal Resources, more mice than any other laboratory mammal were used by researchers in 1969.

There were more than 35 million mice used compared to about 12 million rats and about a half million rabbits.

Washington Spotlight For Pharmacists by APhA Legal Division

Pharmacy Pays \$40,000 Settlement In Automobile Accident Case

Recently, a pharmacy paid one-half of an \$80,000 ettlement in a lawsuit by a person injured in an autonobile accident involving a patient of the pharmacy. The patient struck a parked automobile and caused serious njury to its occupant. Upon investigation, it was disovered that the patient was taking meprobamate at the ime of the accident and witnesses testified that he was lriving in a very erratic fashion prior to the accident.

The pharmacy, the physician and the patient were ill joined as defendants in the suit, which was settled on he fourth day of the trial. The pharmacy was joined in he suit after the physician denied authorizing any reills for the medications. The pharmacy had refilled this prescription 18 to 27 times over a four year period beginning in 1965. The allegations against the pharmacy tated that the refills were unauthorized and that the pharmacist had failed to warn the patient of the possible side effects of the drug.

This case illustrates that the pharmacist may have an affirmative duty to warn the patient of potential hazards associated with his prescription medication. Many pharmacists have refrained from engaging in this advisory role because they feel it would increase their liability exposure. This case demonstrates, however, that the pharmacist may be equally liable for what he fails to do as for what he does improperly. Since this lawsuit reached settlement prior to adjudication, the duty of the pharmacist to advise his patients was not totally resolved as a legal issue. However, attorneys for the pharmacy have stated to the APhA Legal Division that their anticipated loss on this issue led, in part, to their decision to settle the matter. No doubt, this issue will become the subject of future lawsuits.

The unauthorized refill issue in this case may be of greater importance to the pharmacist. It may often be difficult for a pharmacist to prove that a refill was authorized, since many of these authorizations are communicated orally, either at the time of the original prescribing or when the indicated refills have been completed. To further compound the problem, dispensing without authorization violates both Federal and State laws and may leave the pharmacist without any malpractice insurance protection. Malpractice insurance policies frequently exclude claims which arise as a result of a violation of the law.

PRN refills also can cause a problem if the prescription is an old one. The Food and Drug Administration has advised that such prescriptions be refilled only with a frequency consistent with the directions for use, and that the pharmacist should check with the physician at reasonable intervals to make certain that the physician wants the medication continued.

The best way to avoid any liability based on a claim of improper refills is to fully document the authorization. Many pharmacists utilize post cards and actually receive written authorization, while others may indicate the oral authorization on the original prescription. If this second method is followed, it behooves the pharmacist to indicate the date, time and perhaps the telephone number he called and if he did not speak directly with the physician, the name of the person who communicated the authorization to him. Such records, regularly maintained would be admissible in a lawsuit to establish the authorization.

The Controlled Substances Act requires a new and separate prescription whenever a quantity of a controlled substance is dispensed after the original refill authorization has lapsed. It may well be to the pharmacist's advantage to do this for all prescriptions.



THE MIGHTY SWORD!

STATE PHARMACEUTICAL DIRECTORY

AFFILIATED ORGANIZATIONS

Nathan L. Cheslow

Nathan L. Cheslow, 62, who operated the Prescription Center, Inc., on Patapsco Avenue for 17 years died on January 1.

Earl Francis Gower, Jr.

Earl Francis Gower, Jr., 53, formerly employed as a pharmacist in Cumberland, died at his home in Newport, Pa. on December 25.

Larry P. Solomon

Larry P. Solomon, 29, 1968 graduate of the University of Maryland, School of Pharmacy, died suddenly of leukemia on December 11. He was employed by Giant Pharmacies, Inc. and was a former member of the Maryland Pharmaceutical Association.

FDA Adopts Statement On "Imminent Hazard"

The Food and Drug Administration has adopted a statement of interpretation and policy defining an "Imminent hazard to the public health." This action is considered significant in that it defines the conditions under which FDA might initiate action against an article without awaiting the outcome of court decisions, which generally are lengthy and may involve extensive delays.

Within the meaning of the Federal Food, Drug, and Cosmetic Act and the Federal Hazardous Substances Act, an imminent hazard to the public health is considered to exist when the evidence is sufficient to show that a product or practice, posing a significant threat of danger to health, creates a public health situation (1) that should be corrected immediately to prevent injury and (2) that should not be permitted to continue while a hearing or other formal proceeding is being held.

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HENRY G. SEIDMAN Metropolitan Guild of Pharmacists

> President JOHN McKIRGAN Vice President FRANK FRARY SecretaryLARRY JACÓBSON TreasurerEDWARD WILLIAMS

In The News . . . ROBERT E. SNYDER has been appointed to the ASHP Committee to the APhA House of Delegates. Former MSHP member MILTON SKOLAUT of Durham, North Carolina is chairman of this committee. SAMUEL LICHTER and HOWARD SHERMAN attended the Drug Information Association symposium on drug interactions at the Marriott Motor Hotel in Philadelphia on January 20 and January 21.

Symphony Members Sought

Mr. Walter Spilka, former concert violinist, is presently organizing a small symphony orchestra made up of men and women from all branches of the health professions. Anyone interested should contact Mr. Spilka at 4516 N. Rogers Ave., Baltimore, Maryland 21215 or phone 664-3352.



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The THANTIS DISPENSER, containing a roll of 25 individually foil-wrapped lozenges, is attractively packaged — 6 dispensers in a fold-up counter display. The packaging is right! The profit is good! The time to purchase Thantis is now!



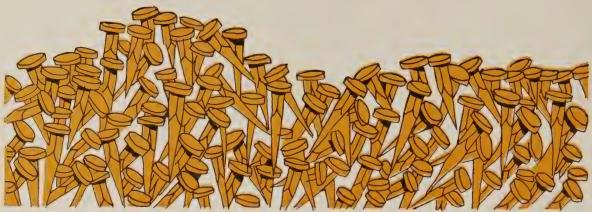


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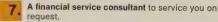


Computerized Inventory and billing



For 126 years, the Henry B. Gilpin Company has offered a wide range of services to pharmacists and pharmacies. Once these services were simple. Today they are complex. But the Gilpin service is still complete. Completely modern. Completely attuned to your needs. Like the Gilpin sundries plan. We provide a complete sundries department with inventory specially designed for your store, and a built-in provision for economical and reliable restocking of your shelves. Gilpin also maintains an expanding stock of promotional sundries and programs that build traffic and makes sales for you. In addition, Gilpin offers 10 other services to help you in your practice of pharmacy. One or more of them may just fit your need.

- An experienced, pharmacy oriented sales force trained to assist you in merchandising and store operations. In addition to their own experience, these men are prepared to immediately draw upon a wealth of experience in every phase of store operations which exist within the Gilpin company now.
- A comprehensive and up-to-date convalescent aids program. Professional assistance is available to design a program to meet your space and inventory requirements and train appropriate personnel in your store to make this a profitable department.
- A complete sundries program providing sundries departments and inventories designed specifically for your store, with a built-in provision for economical and reliable restocking of your shelves. Along with this, we maintain expanding stocks of new promotional sundries and programs for increasing traffic and sales.
- A professional planning and remodeling service within our organization which includes complete service in floor design, fixture and installation.
- Professional help in site selection, store development and in lease acquisition for desirable sites.
- Computerized inventory and billing systems. This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.



- Professional Services Department. A professional services department which provides you with vital assistance in the form of direct services and/or consultation in areas including: Medicare, Medicaid, third party payment programs, pharmaceutical inventory control, federal and state regulations, and many other areas.
- Two giant product shows each year: in January featuring summer goods; in July featuring selections of fall and gift merchandise and emphasizing promotional sundries.
- An Accounts Receivable program. A computerized system that knows pharmacists. The program handles your charge accounts and gives your customers a monthly statement showing all their deductible medical expenses, both for the current month and for the year to date. It also provides a monthly report on the aging of your accounts in the summary.
- Professional advertising and promotional assistance.
 Our specialists in this area now provide on-going advertising and promotional programs for many of our customers and are available to assist you in this increasingly important area of your operation. With complete stocks and complete lines of merchandise provided with it, we are well qualified to provide the services required to nail down the profit dollars which you need and deserve from your business.

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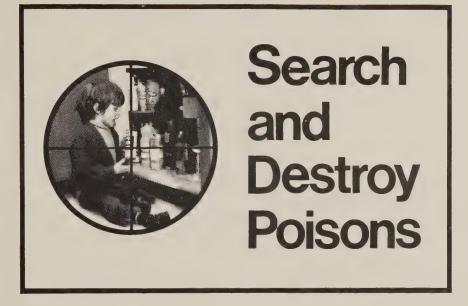
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the maryland pharmacist



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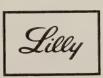
Baltimore, Maryland 21203



Your prescription patients may not know the difference ... but you do.

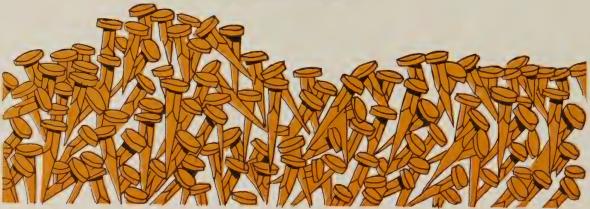
As a pharmacist, you know that neither brand name nor generic drugs are any better than the demonstrated reliability of their manufacturers. The important thing to you and your prescription patients is not what the product is called but how expertly it is made.

Four generations' experience in producing fine pharmaceuticals is one of the many reasons you can have confidence in Lilly products.



let's get down to brass tacks

professional advertising and promotional assistance



For 126 years, the Henry B. Gilpin Company has been aiding pharmacists in the practice of their profession. At the outset, our services were comparatively simple but complete. Today they are more complex but still complete. One of these services—so vital to a profitable pharmacy—is promotion and advertising. When it comes to selling, come to Gilpin. We are prepared to provide you with an on-going advertising and promotional program. We also maintain the necessary stocks of promotional merchandise and in-store merchandising aids required for a successful program. Now is the time to nail down your profits with a "brass tacks" advertising plan tailored for you by the specialists at Gilpin.

- An experienced, pharmacy oriented sales force trained to assist you in merchandising and store operations. In addition to their own experience, these men are prepared to immediately draw upon a wealth of experience in every phase of store operations which exist within the Gilpin company now.
- A comprehensive and up-to-date convalescent aids program. Professional assistance is available to design a program to meet your space and inventory requirements and train appropriate personnel in your store to make this a profitable department.
- A complete sundries program providing sundries departments and inventories designed specifically for your store, with a built-in provision for economical and reliable restocking of your shelves. Along with this, we maintain expanding stocks of new promotional sundries and programs for increasing traffic and sales.
- A professional planning and remodeling service within our organization which includes complete service in floor design, fixture and installation.
- 5. Professional help in site selection, store development and in lease acquisition for
- Computerized inventory and billing systems. This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.



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- An Accounts Receivable program. A computerized system that knows pharmacists. The program handles your charge accounts and gives your customers a monthly statement showing all their deductible medical expenses, both for the current month and for the year to date. It also provides a monthly report on the aging of your accounts in the summary.
- Professional advertising and promotional assistance.
 Our specialists in this area now provide on-going advertising and promotional programs for many of our customers and are available to assist you in this increasingly important area of your operation. With complete stocks and complete lines of merchandise provided with it, we are well qualified to provide the services required to nail down the profit dollars which you need and deserve from your business.

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The Maryland Pharmacist

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Editorial . . .

Pharmacy And The State Legislature

Each passing year an ever-increasing number of bills concerning some aspect of health are introduced at the state legislature. Many of these are of vital importance to the profession of pharmacy.

Some of these bills are introduced by the Maryland Pharmaceutical Association or are supported by MPhA. But there are some bills that are introduced that are ill-conceived or unnecessary. Some are based on inadequate knowledge of many of the factors involved in the practice of pharmacy and the delivery of proper health care.

Regardless of the nature and merits of specific, proposed legislation, one fact stands out—the enormous lack of knowledge of the services the profession of pharmacy provides in our society.

Not only does the public not know the facts about pharmaceutical services and pharmaceutical economics, but often refuses to believe them when they are presented. This involves the data as to average prescription prices, per capita expenditures, pharmacy share of health expenditures and the fact that Rx prices have actually gone down, not up, in terms of cost per dose.

Why do so many people—legislators and rank and file citizens alike—have so little comprehension of the functions of the pharmacist as an integral member of the health team? There is a general abysmal ignorance of what pharmacy encompasses combined with a distorted view of pharmacy. The American people evidently little know that they are being protected by many dedicated pharmacists who labor long hours to assure them that the prescribed drug—one chosen from many thousands—will reach them in the correct dosage form and in the precise potency it was prescribed. Pharmacy's performance is high, but understandably, as a human activity, it is not perfect.

But why, we must ask, do we have such a lack of understanding on the part of a significant part of our citizenry of the contribution of pharmacy to their health and welfare? Why so little appreciation of our health-giving and life-saving services?

Three answers immediately are apparent to us:

First, we have failed to adequately tell our story. Some would say we have fallen down in public relations.

Perhaps it would be better to say that a properly funded program has never been launched and maintained in the area of public information and public education as to what goes into the education and training of the pharmacist; the steps he takes in safeguarding his patients; the benefits to the public of the health advice the pharmacist conscienciously makes available; the critical assistance he gives to physicians, dentists, nurses, veterinarians and others; the monitoring of patients' medication histories; the participation in community, civic and governmental and voluntary health agencies; providing medication at reduced charge or at no charge when necessary to indigent patients. The list is endless.

Important, too, is the increasing voluntary enrollment in intensive continuing education courses, attendance at seminars, lectures and participation in professional pharmaceutical associations and meetings, all to the

end that the pharmacist maintain a state of current knowledge in the pharmaceutical sciences and be better able to fulfill his professional responsibilities.

Second, what is the actual image of pharmacy that pharmacists have permitted to be created?

Fairly, or unfairly, we must admit it is hard to gain public acceptance of the facts about pharmacy's services and economics and public understanding and appreciation of professional functions when they seem to be subordinated by pharmacists themselves. In other words, the image of commercialism running rampart militates against public receptivity of the pharmacist in his role as a health professional.

Realistically, pharmacy is not going to change over night. Nevertheless, a great deal can be done by looking at the image of the "drug store" beginning with the outside signs, windows and posters. Certain words such as "discount" certainly do not engender respect.

How about newspaper and other advertising do they contribute to a professional image?

Inside the pharmacy, is the "heart of the pharmacy"—the prescription department—lost in a maze or does it clearly dominate the establishment, proclaiming in effect, "We have many products in this establishment, but serving the health needs of the public is foremost"?

Finally, who is in contact with the customer, patron, patient? Is it always a clerk, or does the pharmacist establish a pharmacist-patient relationship? Does the pharmacist present himself as a health professional, talking to the patient and proving that he has something to offer other than counting and pouring?

Is concern for health first, manifested by maintaining and properly using patient medication records, based upon a current state of professional and scientific knowledge?

There are some things in the world we can't do anything about, but there are some things we can do. Let us identify them, set our priorities and do something about them.

-Nathan I. Gruz

MPhA Spring Regional Meeting

Annapolis Hilton Inn

Thursday, March 16, 1972

Program

10:00 a.m. MPhA House of Delegates. All members invited to attend.

12:30 p.m. Lunch.

2:00 p.m. General Membership Meeting.
Address: "Group Practice of Pharmacy—
The Foundation Model," Ralph Engel, Director, National Pharmacy Insurance Council (NPIC).

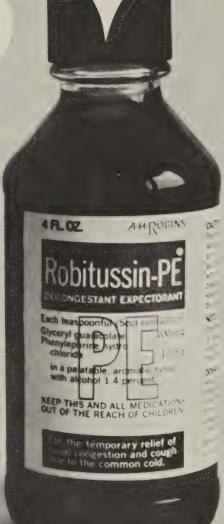
Discussion period.
Business Session.

4:30 p.m. Adjournment.

I'M A COUGH MEDICINE

I'M BOTH!

I'M A NOSE MEDICINE



That's right, Mr. Pharmacist.
Robitussin-PE is much more than just

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Summary of Minutes of Board of Trustees Meeting

NATHAN I. GRUZ, Executive Director

January 13, 1972

A moment of silence was observed in memory of Francis S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control, who passed away on January 2, 1972.

- Communications included notice of approval by the Maryland Society of Hospital Pharmacists of a statement of the Ad Hoc Committee on Medicaid Reimbursement.
- 2. President's Report: President Schwartz commented on the excellent Association financial report for 1971. The committee chairmen are proceeding well on their projects.
- 3. Treasurer's Report: Statement of receipts and disbursements for calendar year 1971 were reviewed. Income was \$52,205, and expenditures were \$52,669. This included payment to H. B. Gilpin Company in settlement of the Swain Model Pharmacy debt.
- 4. Executive Director's Report: Major activities included Legislative Committee and meetings with State Medical Society; MPhA legal counsel, Joseph Kaufman; and faculty on legislation. The annual meeting of the Maryland Pharmaceutical Foundation was held. Attended the funeral of Francis S. Balassone. Other activities included Third-Party Payment Task Force, conferences on MPhA computer capability, Maryland Society of Association Executives, Poison Prevention, BMPA activities, Drug Abuse Administration cooperative program, Esskay Prescription Plan operation, Spring Regional Meeting and Convention programming.

Mailings were sent out on Price Commission rulings and drug abuse program. Seventy-eight pharmacies have signed up to participate in the Esskay Prescription Plan through MPhA.

- School of Pharmacy Report: Dean Kinnard announced that the Maryland Poison Control Center will move to the School of Pharmacy on February 1, 1972. The Task Force on Supportive Personnel has completed its report. The Task Force supports a course for technicians.
- Convention Committee: Mr. Lachman reported on the status of the Spring Regional and Convention programs. The House of Delegates will meet at the Spring Regional. Supportive personnel will be on the agenda.
- 7. Public Health Information Committee: Mr. Freiman stated that he is Chairman of the State Subcommittee on Screening of Venereal Disease. Planning has begun for Poison Prevention Week.
- 8. Legislative Committee: MPhA is sponsoring a bill for free choice of pharmacy in third-party programs and is working on a drug product selection bill. A meeting was held with the State Medical Society Legisla-

- tive Committee at which there was a sympathetic response. The matter is being referred to their executive body. It was decided to oppose the bill to repeal Fair Trade. There was discussion regarding setting of a maximum amount of dangerous drugs to be dispensed at one time, such as a 30-day limit with no refills.
- 9. Prescription Insurance Programs: Mr. Bookoff reported on the work of the Task Force on Third-Party Payments. As recommended by MPhA, a Foundation is being established on a state-wide basis which will provide service to pharmacy groups in small areas and will have central peer review and guidelines.
- 10. New business: The Board approved pharmacistspouse membership dues which would be one-half
 of the regular dues. Legal counsel, Joseph Kaufman,
 reviewed the status of legislation in Annapolis. The
 vacancies of the positions of Chief of the Division of
 Drug Control and the Maryland Board of Pharmacy
 Secretary were discussed. The Board approved attendance of the Executive Director and President at
 the APhA Annual Meeting as MPhA delegates.

PHARMACY CALENDAR

- March 16—(Thursday) Maryland Society of Hospital Pharmacists meeting at Mercy Hospital, 6:00 p.m.
- March 16—(Thursday) Maryland Pharmaceutical Association Spring Regional Meeting, Annapolis Hilton.
- April 13—(Thursday)—Maryland Society of Hospital Pharmacists meeting at Maryland General Hospital, 7:30 p.m.
- April 22-28—American Pharmaceutical Association Annual Meeting, Houston.
- May 7-9—Annual Convention, Maryland Pharmaceutical Association, Washingtonian Motel and Country Club, Gaithersburg, Maryland.
- May 17-22—Post-convention trip, Maryland Pharmaceutical Association, Pierre Marquis Hotel, Acapulco, Mexico.
- May 31—(Wednesday) Annual Alumni Graduation Banquet, University of Maryland, School of Pharmacy.
- June 9-11—Maryland Society of Hospital Pharmacists 7th Annual Hospital Pharmacy Seminar, Carousel Motel, Ocean City, Maryland.
- October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.



| Package size and strength | NDC number | GY-Code® number | Suggested pricing to pharmacist |
|---|----------------------|--------------------|---------------------------------|
| DBI®tablets, 25 mg. 100s 1000s | 28-25-1 28-25-10 | 25 25 | \$ 4.73 44.89 |
| DBI-TD®capsules, 50 mg. 100s 1000s | 28-50-1 28-50-10 | 50 50 | \$10.52 99.91 |
| DBI-TD® capsules, 100 mg. 100s 500s | 28-100-1 28-100-5 | 100 | \$19.98 94.88 |

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of January:

New Pharmacies

East Baltimore Medical Program, Clarence H. Burns, Chairman, 1031 Aisquith Street, Baltimore, Maryland 21202.

Gera Drugs Limited, Nathaniel Futeral, President, 2441 Reisterstown Road, Baltimore, Maryland 21217.

West Baltimore Community Health Center, Claude D. Hill, President, 1850 West Baltimore Street, Baltimore, Maryland 21223.

Dart Drug Corporation, Marlboro, Herbert H. Haft, President, 5775 Crain Highway, Upper Marlboro, Maryland 20870.

No Longer Operating As Pharmacy

Robbins Pharmacy, Sam S. Robbins, 4401 Liberty Heights Avenue, Baltimore, Maryland 21207.

White Cross, D. M. Robinson, President, 519 Glen Burnie Mall Shopping Center, Glen Burnie, Maryland 21061.

Changes Of Ownership, Address

Thurmont Pharmacy, D. and G. Wenschhof (Change in ownership), 12 East Main Street, Thurmont, Maryland 21788.

Poison Prevention Week

"Search and Destroy" will be the theme stressed by pharmacists in their public education efforts during National Poison Prevention Week, March 19-25, 1972.

The annual observance, to be proclaimed by President Richard M. Nixon, will focus attention on the poisoning dangers in the home, especially for children. Children are curious. They see, they touch, they taste medicines on the bedside table, drain cleaner on the floor, furniture polish left on the table. Parents should search out these dangers and destroy the possibility of a poisoning happening.

Pharmacists cannot emphasize enough the need for adult awareness of poisoning dangers. In 95% of those cases reported of a child accidentally ingesting a potentially toxic substance, the youngster was reported to have been under the supervision of a parent or other adult, the National Planning Council for Poisoning Prevention Week reports.

REGISTRATION GRANTED

The following were granted registration by the Maryland Board of Pharmacy by virtue of having passed the practical and theoretical examinations given by the Board in 1971.

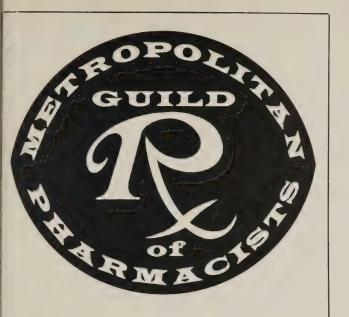
Lee A. Ahlstrom Carol A. H. Alexander David M. Arrington Jurate V. Austra James L. Axeen David H. Ayres Thomas L. Bennett Donald E. Bernardi Charles M. Bronder, Jr. David R. Chason Gary C. Cole Don A. Collins Richard H. Copley Alicia J. Crawford David P. Derheim Harry M. Dinucci James E. DiPaula Dolores S. Dixon David P. Dowling Marsha Dudding Mather F. East Russell B. Fair Herbert T. Fee Catalina M. Franco Rodney A. Fretthold Dwight G. Frey Marsha E. Fruchtbaum Robert T. Gaines Joseph F. Gartner Herbert Gendason Arthur R. Gintis John S. Gladys Gary L. Haas Jeffrey C. Hahn Leroy G. Hausler Joseph P. Healey Stephen L. Hilbert Marian C. Hill Richard A. Hodges Anthony E. Holland Edwin C. Jones Douglas M. Kadan

Thomas W. Kearney Nancy G. Kelley James B. Kerchner David B. Knauer William A. Kreul John W. Kujan Dennis P. Lee Jerry A. Mason John A. McBay Darlene F. McMahon Francis J. Mecler Robert J. Michocki Philip B. Miller Martin T. Paul Robert L. Perchalski Barry W. Poole Douglas M. Pryor Robert A. Rejonis Donna E. Reno Charles D. Reynolds Michael C. Roberts Joel M. Serin Mark J. Schocken Teri S. Shewchuk Ralph E. Sigman, Jr. Steven M. Simko Kenneth A. Smith Ronald J. Smith Susan L. Smith Gary J. Sobotka Ronald J. Spector Joseph M. Stevenson Jorja K. Sturek James L. TerBorg
Steven A. Tompakov
Gary N. Trest
Angelo C. Voxakis
Dennis M. Wagner J. Ken Walters, Jr. William E. Wilson Norman R. Yockelson Marina J. Young

Drug Efficacy Studies

Prescription labeling and promotional material on about 80% of currently prescribed drugs will display a rating of the drugs' efficacy for certain of the claimed indications as a result of drug efficacy studies performed by the National Academy of Science.

The action is being taken by the FDA in the belief that the prescribing physician must know the scientific status of a given drug's efficacy in order to exercise the best possible clinical judgment in choosing drugs for patients.



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The Pharmacist's Role in Product Selection

Issued by the Board of Trustees, American Pharmaceutical Association, March, 1971

The American Pharmaceutical Association in April 1970 committed itself officially to "seek the repeal of antisubstitution laws." Specifically, the Association wishes the laws to be amended to give the pharmacist the option of selecting the source or manufacturer of a drug product to be dispensed when the prescription order specifies a multisource drug product by product trade name alone. If the prescriber specified the source of a drug product by company name, the pharmacist, as he does today, would dispense that company's product. Under no circumstances, moreover, would he have the right to dispense a drug entity different from the one prescribed. The APhA policy, if implemented, would have far-reaching effects, and the Association's action, therefore, has generated widespread controversy. APhA wishes, consequently, to clarify its policy on the antisubstitution laws, for both health professionals and the general public, and to examine, in depth, the issues that are involved.

The state "antisubstitution laws" and/or comparable state board of pharmacy regulations have come into being since about 1950 in 49 states. Only Alaska and the District of Columbia have no such provisions. Under these laws, generally, if a prescription order specifies the brand of drug product prescribed, the pharmacist must dispense that brand. APhA's position is that the pharmacist is the person best qualified by education and experience to select the source of a multisource drug product to be dispensed. To deny him this option, as the laws in large measure now do, represents a clear detriment to the pharmacist and the public.

The American Pharmaceutical Association's interest in amending the antisubstitution laws is based in part on its duty to maintain the professional status of pharmacists. The Association's membership includes 38,000 active members and 13,000 student members. Among APhA's publications is the National Formulary, one of the two official drug compendia in the U.S. (The other is the United States Pharmacopeia.)

The Association's position on the antisubstitution laws reverses its stand of 15 to 20 years ago. After World War II, the success of the U.S. drug industry had bred a proliferation of duplicate prescription drug products, made by different manufacturers but embodying the same drug entity. This situation, plus the high prices at which drugs were being sold, produced a rash of counterfeit prescription drug products on the U.S. market. The drug industry fought the counterfeiting problem in part by mounting its successful campaign to bring the antisubstitution laws into being. Pharmacists supported the campaign.

The drug companies also had a second motive for seeking antisubstitution laws. The proliferation of duplicate products created costly inventory problems for the community pharmacist. Among pharmacists, these problems led to mounting pressure in favor of "brand substitution," a term that can be fairly applied to the policy that APhA endorses today. Brand substitution was a

threat to the drug companies' marketing system, however, and partly for that reason the industry pressed its campaign for the antisubstitution laws.

The drug product inventory problem today is even more severe than in the past, but drug counterfeiting has been suppressed. The latter development removed the only therapeutic justification for the antisubstitution laws. The laws in consequence now bear no reasonable relationship to the public health that they are alleged to protect. They protect instead the trade name marketing system of the drug industry and, in the process, eliminate the pharmacist as a decision-maker in providing rational drug therapy for patients.

Those who oppose APhA's policy on the antisubstitution laws argue partly on therapeutic grounds. They maintain that the legal specifications for drug products are either inadequate or inadequately applied, and that the patient, therefore, is exposed to a significant number of substandard drug products. They maintain further that competing, ostensibly comparable drug products that meet the official standards often are not equivalent therapeutically, and that brand substitution thus would threaten the public health. Both contentions focus on exceptions to the prevailing high standards and quality of the U.S. drug supply.

For some few types of drug entities, the comparable drug products may meet the official standards and still vary widely in therapeutic effect. The relatively few drug entities which have been so implicated are well known to the competent pharmacist. A prescription order that called for one of them by company name would represent a clear therapeutic judgment that no competent pharmacist would ignore.

The quality of the U.S. drug supply, moreover, is better today than ever before. The new science of biopharmaceutics is adding steadily to man's knowledge of the biological effects of drugs and drug products. The U.S. Food and Drug Administration has started to require in vivo data on biological availability for drug products that may be a problem in this respect.

If a significant number of competing drug products were not, for practical purposes, therapeutically equivalent, the facts would be reported in the medical literature. The literature in fact reports relatively few instances of therapeutic nonequivalence.

Amendment of the antisubstitution laws in line with the APhA policy would produce lower costs to the patient for a number of widely prescribed drug products. The pharmacist could dispense the least costly of the competing drug products that embody the drug entity prescribed. At the same time he could reduce his inventory costs and pass the savings in part to the patient.

To control the cost of drugs in tax-supported health programs, several states have adopted progressive procedures related to brand substitution. These procedures, in effect, neutralize the states' antisubstitution laws. Hospitals for years have pursued practices that neutralize the antisubstitution laws, again in order to provide more rational and economic drug therapy. The laws, in this light, impose a double standard on the community pharmacist and on the patients he serves. The result, APhA believes, is lower efficiency and higher cost.

Implementation of the APhA policy would cause significant economic effects in the drug industry, a fact attested to by the vigor of the companies' campaign against the policy. The effects would be noticed most in the industry's marketing system. They would intensify in the next few years as more drugs emerge from patent shelter and competing products appear. Nevertheless, while the Association cannot speak for the drug industry, it does not consider the probable economic effects of brand substitution a serious threat to the industry's vital ability to discover, develop, and market new drugs.

Amendment of the antisubstitution laws would allow the pharmacist to use his modern professional education much more effectively than he is allowed to use it today. The result would be overall improvement in the utilization of health manpower. The physicians could concern himself mainly with prescribing the most effective drug entities. The pharmacist could concern himself mainly with dispensing the most effective drug products containing those entities, giving due consideration to both cost and quality. APhA sees no danger that the pharmacist, under its policy, would begin to encroach on the physician's prerogatives vis-a-vis the patient. The Association maintains rather that implementation of its policy would strengthen the professional relationship between physician and pharmacist.

Some will contend that in selecting the source of multi-source drug products prescribed by product tradename alone the pharmacist would create for himself certain legal problems: potential liability for negligence, breach of contract or warranty, trademark infringement, unfair competition, and the like. In none of these possibilities does APhA see insuperable legal bars to implementing its policy. The pharmacist's best means of avoiding legal problems in general is to dispense only quality drug products and to disclose fully the nature of the products dispensed. Pharmacists for years have been selecting the source of a number of widely used drug products that are commonly prescribed by established name. The record shows that they have discharged this duty consistently at a high professional level.

Opponents of APhA's policy on the antisubstitution laws have suggested that its implementation would cause the pharmacist to commit offenses under state and federal food, drug, and cosmetic acts. The language of these laws makes clear, however, that they are designed to protect the public health and not the proprietary rights of drug manufacturers.

APhA does not expect immediate amendment of the antisubstitution laws in the manner that it espouses. It foresees instead a few successful initial efforts to amend the laws, based on education and rational discussion. These efforts, the Association believes, would breed additional efforts elsewhere until eventually all such laws and regulations will have been amended or otherwise rendered inapplicable. APhA will provide staff and technical support to state pharmaceutical associations that wish to launch campaigns to amend the laws.





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The Association expects the Federal Government to develop proposals analogous to its policy in order to control the cost of drugs in tax-supported health plans. When such proposals materialize, APhA will support them. In addition, the Association will continue its dialog on the antisubstitution laws with physicians and other prescribing professionals on a number of fronts. These include the American Medical Association, which officially opposes the APhA policy.

The American Pharmaceutical Association believes in short that amendment of the antisubstitution laws in the manner that it endorses would constitute a clear. timely, and cost-reducing benefit to the public health. The Association intends to continue to press strongly for public and professional acceptance of its policy.

Peritoneal Dialysis Film Offered

"Peritoneal Dialysis: a Bedside Procedure," a new 25-minute, 16mm color motion picture, has been made available by Abbott Laboratories to interested groups within the medical profession.

Although peritoneal dialysis has been known for almost 50 years, the number of patients being dialyzed annually is still small compared with those who could benefit from this life-saving or life-extending procedure.

With the use of animation, the film examines the structure and function of the peritoncum in relation to dialysis. Live action is used to depict the entire procedure, describing in detail the techniques necessary in performing successful peritoneal dialysis.

Lilly Digest of Community Pharmacy Operations—1970

The average community pharmacy recorded a sales high during 1970—the twenty-first consecutive year in which sales have increased. Expressed as a percent of sales, however, net profit decreased to the lowest level since 1932, as did total income (proprietor's salary plus net profit). Dollarwise, on the strength of the increased sales volume, total income exceeded \$27,000 for the first time since the DIGEST began publication.

The 2,042 pharmacists that reported had average sales of \$221,470 — an increase of 3.6 percent over the 1969 figure. This rate of growth is about one-half of the prior year's uptrend and the lowest since 1965. Gross margin declined to 36.1 percent of sales, and net profit fell to 4.1 percent as total expenses rose 4.6 percent, to 32 percent of sales—an all-time high.

The bulk of the increase in total expenses occurred in employees' wages, which now stand at 12.1 percent of sales. The total wage package—proprietor's salary plus employees' wages—exceeded 20 percent of sales during the year and represents almost two-thirds of all operating expenses. All individual items of expense rose or remained essentially unchanged in comparison with the past year's figures except delivery, which dropped from 0.5 to 0.4 percent of sales.

The inventory investment went up in dollars but remained at 17.5 percent of sales, and the turnover rate was unchanged at 3.7 times. The value of prescription stock fell as a percent of prescription sales although that of all other merchandise climbed as a percent of other sales. Since prescription sales rose substantially (over twice the rate of other sales), the sales productivity of each prescription stock dollar jumped to \$7.82, whereas that of all other merchandise dropped to \$4.70. The prescription department again increased its share of total sales to a record high of 44.5 percent. This continues a long-term uptrend in prescription department activity.

Over 24,000 prescriptions were dispensed during the year, at an average prescription charge of \$4.06. Renewed prescriptions accounted for 54.8 percent of the total—up from the 1969 figure. It is significant that the average prescription department occupied only 336 square feet, less than 15 percent of the total floor area, and yet was responsible for almost \$100,000 in prescription sales. The productivity of each square foot of prescription department space was almost five times as great as that of the rest of the pharmacy.

The number of hours pharmacists are kept open is declining. During 1965, the average operation was open seventy-four hours per week. This figure dropped to seventy-three hours in both 1966 and 1967, to seventy-two in 1968, seventy-one in 1969, and seventy in 1970. The number of hours of employed pharmacists' time purchased rose during the same period from forty to forty-two hours weekly. Almost 5,000 more prescriptions were dispensed during 1970 than in 1965.

Long-term trends indicate that pharmacy sales, particularly the prescription portion, will continue to rise in the future. However, uptrends are also apparent on the expense side of the ledger. Employees' wages have

climbed steadily since 1965, as have total expenses, with the result that net profit has fallen from 5.8 percent of sales in 1965 to 4.1 percent in 1970—a 30 percent decline over the past five years. Certainly, these figures suggest that expense control must receive greater attention in the future as a means of halting the downtrend in profitability.

LILLY DIGEST SUMMARY FOR STATE OF MARYLAND

Based on 1970 Lilly Digest data

| Dased on 1970 Lifty Dig | est data | |
|---|---|-----------------|
| Averages Per Pharmacy | 16 STOR | ES |
| Sales | | |
| Prescription\$ | 80,830 | 41.5% |
| Other 1 | 13,726 — | 58.5% |
| Total\$1 | 94,556 — | 100.0% |
| Cost of Goods Sold 1 | 26,816 — | 65.2% |
| Gross Margin\$ | 67,740 — | 34.8% |
| Expenses | | |
| Proprietors or Managers Salary\$ | 15,990 — | 8.2% |
| Employees Wages | 23,791 — | |
| Rent | 5,604 | |
| Heat, Light, and Power | 2,119 — | |
| Accounting, Legal, and Other | | |
| Professional Fees | 743 — | 0.4% |
| Licenses and Taxes—Except on | | |
| Buildings, Income, Profit | 2,737 — | |
| Insurance—Except on Buildings | 1,929 — | |
| Interest Paid | 1,240 — | |
| Repairs | 904 | |
| Delivery | 985 — | |
| Advertising | 1,724 — | 0.9% |
| Depreciation — Except | | - 400 |
| on Buildings Bad Debts Charged Off | 2,693 — | · |
| Bad Debts Charged Off | 50 — | |
| Telephone | 932 — | 0.00 /0 1 |
| Miscellaneous | 3,710 — | |
| Total Expenses | | |
| Net Profit Before Taxes\$ | 2,589 — | |
| Add Proprietors Withdrawals | 15,990 — | 8.2% |
| Total Income of Self-Employed | | |
| Proprietor Before Taxes on | | |
| Proprietor Before Taxes on Income and Profits\$ | 18,579 — | 9.5% |
| Value of Inventory at Cost And As a | | |
| Percent of Sales | | |
| Prescription\$ | 10,415 — | 12.9% |
| Other Total\$ | 19,521 — | 17.2% |
| Total\$ | 29,936 — | 15.4% |
| Annual Rate of Turnover of Inventor | y _ 4 | 4.3 Times |
| Size of Area and Sales Per Square Foot | | |
| Prescription | . 332 | |
| Other 1 | | 72.10 |
| Total | | \$102.96 |
| Sales Per Dollar Invested in Inventor | | o = == c |
| Prescription | | \$ 7.76 5.83 |
| Net Profit Per Dollar Invested in Inv | | \$ 0.086 |
| Number of Prescriptions Dispensed | chiory | ψ 0.000 |
| New | 11,307 — | 53 70% |
| Renewed | 9.755 | 46.3% |
| Total | 9,755 — $21,062$ — | - 100.0% |
| Prescription Charge | | \$ 3.84 |
| Number of Hours Per Week | | , 0.01 |
| Pharmacy Was Open | | 79 Hours |
| Worked By Proprietor | • | 59 Hours |
| Worked By Employed Pharmacist | S | 34 Hours |



University of Maryland School of Pharmacy

Dr. Deanne E. Knapp, Division of Dental Health, National Institutes of Health, and Dr. David A. Knapp, Department of Pharmacy Administration, University of Maryland, School of Pharmacy, recently reported the findings of a four-year study of self-medication at an American Public Health Association meeting in Minneapolis.

According to an article appearing in the January, 1972 issue of the *Mid-Atlantic Apothecary*, the researchers followed a panel of 275 households for a period of 30 weeks. During the study period, housewives kept diaries of all illnesses or injuries occurring in the household, as well as all drug purchases. Some of the preliminary findings were as follows:

Of the 3381 illnesses and injuries reported, prescription medicine only was used in 19 per cent, nonprescription medication only was used in 59 per cent. and both prescription and nonprescription drugs were used in 12 per cent of the cases. The most common illnesses encountered were the common cold, headache, and ear and throat problems.

Drug inventories taken at the start of the period showed the typical household stocked five prescription remedies and 17 nonprescription remedies. Ninety-five percent of the panel members bought drugs at some time during the period, with an average of nine prescription purchases and five nonprescription purchases.

Thirty-five per cent of the prescription drugs were purchased at discount pharmacies, 32 per cent from traditional pharmacies, and a surprising 25 per cent were obtained directly from the physician. Fifty per cent of the nonprescription drugs were purchased at discount pharmacies, while 23 per cent were obtained at traditional pharmacies. Nineteen per cent were purchased at nondrug outlets.

The research, which is still in progress, is supported in part by a Public Health Service Grant from the National Center for Health Services and Development. Additional support was provided by the Ohio State University Computer Center, the College of Pharmacy, and the Ohio State Research Foundation.

William M. Heller to Receive 1972 Harvey A. K. Whitney Lecture Award

William M. Heller, Ph.D., Executive Director of The United States Pharmacopeial Convention, Inc., has been selected as the 1972 recipient of the Harvey A. K. Whitney Lecture Award of the American Society of Hospital Pharmacists. Dr. Heller earned his B.S. degree in pharmacy at the University of Toledo and his M.S. and Ph.D. degrees from the University of Maryland.

Drug Analysis Laboratory Set For School of Pharmacy

The first Anonymous Drug Analysis Laboratory in the nation with government sanction is being established at the University of Maryland School of Pharmacy with the aid of a \$30,000 grant from Maryland's new Drug Abuse Administration.

According to an article appearing in Focus On The University Of Maryland At Baltimore, the purpose of the laboratory will be to monitor samples of drugs sold on the street. These drugs are often substituted or diluted with dangerous adulterants as was the case with yellow capsules sold recently in Ocean City as "Sunshine Pills" which turned out to be LSD laced with strychnine, which in small doses heightens response to colors and other sensory input.

Headed by Dr. S. Edward Krikorian, Jr., the new laboratory expects to receive samples for analysis from a cross-section of the community including worried parents, addicts, and law enforcement officers. The crucial problem, according to Dean William J. Kinnard, Jr., of the Pharmacy School, is how to collect samples and guarantee anonymity and immunity to persons who submit them. The Drug Abuse Administration hopes to find this answer soon.

According to Dr. Krikorian the analysis represents a tough challenge because of the sheer numbers of drugs in use and the small size of the sample ordinarily available. However, the school's department of medicinal chemistry is well equipped with a variety of spectrometric and chromatographic instruments and the school's staff represents a wide range of talent and experience in this area.

Dr. David A. Blake of the Department of Pharmacology and Toxicology is a strong proponent of the lab because he believes that exposing deceit in drug traffic will strike a powerful blow against addiction.

"Most kids experimenting with drugs don't take our warnings seriously because they don't get the effects we predict," he explained. "There's no correlation between our controlled experiments with pure drugs and the kids' experience with adulterated street drugs. We can gain a lot of credibility by supplying accurate information about actual drugs youngsters are using."

In addition to the analytical service, the laboratory will be concerned with developing better methods of drug identification, better antidotes, and better educational programs. Once procedures are established, according to Dean Kinnard, "... we will train people who can set up their own laboratories. That is the function of a university."

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Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association held a general membership meeting on January 20 at the Coca Cola Auditorium in Hillendale, Maryland. Lederle Laboratories Regional Manager James Wallin presented the NARD-Lederle Honorable Mention Award to Paul Reznek, Secretary of the Prince Georges-Montgomery County Pharmaceutical Association and Editor of the Bi-County Pharmacist. Mr. Reznek was a national runner-up for the NARD-Lederle Award, a national pharmacy scholarship award presented annually to a retail pharmacist who has contributed notably towards the improvement and promotion of the interprofessional relationship between medicine and pharmacy. This year's award winner was Ludwig Haluska of Peoria, Illinois.

Mr. Reznek's honorable mention was earned by his work in creating liaison committees with voluntary and governmental health agencies and the arrangement of the health professions in the Metropolitan Washington area to hear Dr. Daniel Y. Patterson, Director of Office of Health Maintenance Organizations, U.S. Department of Health, Education and Welfare.

Following the presentation, Len Hathaway, sportscaster for television station WMAL-TV, presented filmed highlights of the 1971 Washington Redskins.

The Executive Committee of the Prince Georges-Montgomery County Pharmaceutical Association held a meeting at the home of Sy Zvares in Silver Spring, Md. on February 10, 1972. The topics of discussion concerned: the general membership meeting of February 17, 1972, at Hillendale, the MPhA Spring Regional Meeting of March 15, 1972, at Annapolis, the NARD Legislative Conference of March 1-2, 1972 at the Statler-Hilton Hotel in Washington, the Nominating Committee Report and election of officers scheduled for the March meeting, the upcoming Prince Georges-Montgomery Counties Science Fairs, the APhA Annual Meeting in April, 1972, at Houston, and the MPhA Convention in May, 1972, at Gaithersburg, Md.

The executive committee also discussed participation in the Montgomery County Fair and heard committee reports.

Free Transportation For City Medicaid Patients

The City Health Department's Bureau of Special Home Services is expanding its transportation services to include all Baltimore City residents who hold a current State medical assistance card regardless of age. Any resident who has a Medicaid card with a serial number beginning with 30, and who needs transportation to a doctor or a clinic may obtain a ride by calling 752-2000, extension 2856, weekdays between 8:30 A.M. and 4:30 P.M.

Escort service at the hospital will also be provided, but only for those patients over 60 years of age. Patients under age 60 must make their own arrangements if they wish to be escorted, and very young children must be accompanied by an adult.

Baltimore Metropolitan Pharmaceutical Association

A general meeting of the Baltimore Metropolitan Pharmaceutical Association was held on January 20 at the Kelly Memorial Building in Baltimore. A talk entitled "Wage/Price Freeze—What Impact on Pharmacy?" was presented by Joseph A. D'Arco, newly appointed Staff Attorney, APhA Legal Division. Pharmacists in attendance were informed as to their obligations and rights under the Wage-Price Freeze. The following regulations are in effect.

For pharmacies whose annual volume is \$100,000 or less: These pharmacies are entirely exempt from all of the Phase II requirements.

For pharmacies whose annual volume is \$100,000 to \$200,000 inclusive: These pharmacies are exempted from the price posting requirements in all departments. These pharmacies are not required to post signs listing base prices or signs announcing the availability of base price information. However, if requested, they must make available base price information and must be able to document such information for the Internal Revenue Service upon request.

For pharmacies whose annual volume exceeds \$200,000: These pharmacies are subject to all Phase II requirements. They must post the base prices for the leading 40 items in each department and must also post a sign announcing the availability of base price information.

In lieu of the posting of specific prices, these pharmacies may place a standard compilation of wholesale prescription drug prices (such as the Red Book or Blue Book) along with its method of calculating prescription charges in a place accessible to consumers without the aid of a pharmacy employee. A sign 22" x 28" indicating the location of this information must be posted in the prescription area.

DID YOU HIRE A NEW PHARMACIST LATELY? . . . OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL ORGANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

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Baltimore Metropolitan Pharmaceutical Association Installation Banquet



Photos by Paramount Photo Service

Lower row, left: left to right: Ticket Chairman George J. Stiffman, Treasurer Charles E. Spigelmire and Banquet Coordinator Sam A. Goldstein receive certificates of appreciation for their dedicated efforts over the years in assuring the success of the banquet.

Lower row, right: Outgoing President Irvin Kamenetz receives Order of the Double Star, AZO Kappa Chapter from Gerald Freedenberg.

Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists

The Maryland Society of Hospital Pharmacists held a meeting on February 10, 1972 at the Greater Baltimore Medical Center. The guest speaker for the evening was Dean William J. Kinnard, Jr. of the University of Maryland, School of Pharmacy. Dean Kinard gave a history of the developments leading to the present five-year program at the University of Maryland and explained recent changes in the program.

President Connelly opened the business session of the program. Dolores Ichniowski gave the Secretary's Report and Thomas E. Patrick gave the Treasurer's Report. Other reports were heard from Normand A. Pelissier, Maryland Health Careers Promotion Council; Richard E. Rumrill, Seminar Publicity Chairman; and Harry Hamet,

Seminar Financial Chairman.

Sydney L. Burgee, Jr. announced that Mary W. Connelly had been selected as the 1972 recipient of the W. Arthur Purdum Award by a unanimous decision of the W. Arthur Purdum Award Selection Committee.

President Connelly announced that she had been appointed to an MPhA committee which will select nominees for the vacant position on the Maryland Board of Pharmacy. Melvin Sollod is chairman of this committee.

Other announcements concerned the receiving of the Harvey A. K. Whitney Award by Dr. William Heller of the U.S.P. Convention and the ASHP Institute on General Practice of Hospital Pharmacy to be held in New Orleans, March 26-31, 1972.

ASHP Announces Schedule of Future Midyear Clinical Meetings

The schedule of ASHP Midyear Clinical Meetings for the next four years is as follows:

December 3-7, 1972—Las Vegas, Nevada—Sahara Hotel December 9-13, 1973—New Orleans, Louisiana—Fairmont-Roosevelt

December 8-12, 1974—Hollywood, Florida — Diplomat Hotel

December 7-11, 1975—Washington, D.C.—(To be announced)

In addition, the 1976 Midyear Clinical Meeting will be held on the West Coast, either December 5-9 or December 12-16.

Drug Products Information File

A group of hospitals operated by the Sisters of Charity which had been employing ASHP's Drug Products Information File (DPIF) in one institution has signed a three-year contract for the use of DPIF in six additional hospitals. DPIF is a computer data bank of information on over 20,000 drug products and their packages; it is used by more than 50 hospital subscribers. Among the uses of the DPIF by the Sisters of Charity hospitals will be inventory control, production of drug lists, and signaling of medication orders for potential drug-drug and drug-laboratory test interactions.

Mary W. Connelly To Receive W. Arthur Purdum Award

Mary W. Connelly, Chief Pharmacist at Mercy Hospital, Baltimore, has been named recipient of the third annual W. Arthur Purdum Award. The award is named in honor of Maryland's pioneer in the development of hospital pharmacy practice, and an early leader and Past-President in the American Society of Hospital Pharmacists. The W. Arthur Purdum Award is presented on an annual basis to the person who has made the most significant or sustained contribution to hospital pharmacy in Maryland. The selection committee consists of past recipients of the award.

Miss Connelly is a 1951 graduate of the University of Maryland, School of Pharmacy. She has been active in many pharmacy organizations among which include the American Pharmaceutical Association, American Society of Hospital Pharmacists, Maryland Pharmaceutical Association, D.C. Society of Hospital Pharmacists, National Catholic Pharmacists Guild and the Maryland Pharmaceutical Foundation.

She has served as Secretary of the Maryland Society of Hospital Pharmacists from 1956 to 1968 and has served as Secretary of the University of Maryland School of Pharmacy Alumni Association as well as the Lambda Kappa Sigma National Pharmaceutical Women's Fraternity. Miss Connelly is presently a Clinical Instructor in Pharmacy at the University of Maryland, School of Pharmacy and is President of the Maryland Society of Hospital Pharmacists.

The award will be presented at the 7th Annual Hospital Pharmacy Seminar of the Maryland Society of Hospital Pharmacists, June 9-11 in Ocean City, Maryland.

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New Members

The following names were approved for membership at the January 13, 1972, meeting of the MPhA Board of Trustees:

Ted Bialek, Bethesda, Bialek's Medical Arts Pharmaev.

Dr. David E. Knapp, Baltimore, Associate Professor, Department of Pharmacy Administration, University of Maryland School of Pharmacy.

Charles H. Tregoe, Baltimore, Acting Chief, Division of Drug Control, State Department of Health and Mental Hygiene.

Rev. James E. Hodges, Baltimore, State Drug Abuse Administration.

Thomas Zsilavek, Greenbelt.

Evie Pakas, Greenbelt, Drug Fair.

A.Z.O. News

Kappa Chapter of Alpha Zeta Omega Pharmaceutical Fraternity held a Breakfast Meeting on February 6 at the Quality Courts Motel in northwest Baltimore. Special guest speaker was Ralph Engel, A.Z.O. member and Director of the National Pharmaceutical Insurance Council. Prospective pledges were in attendance at the meeting.

Editorially Speaking

by Melvin Rubin, Editor, Kappa Bulletin Reprinted from the January, 1972 Kappa Bulletin

First, let me mention that I enjoyed the February Breakfast meeting more than any fraternity meeting I have ever been to—and that covers almost 20 years. The speaker, the planning, and most of all the interest and participation of the fraters were excellent. Congratulations to Directorum, Gerry Freedenberg.

You are aware of some of the bills in the state legislature that affect pharmacy. Frater Paul Freiman has been working hard as MPhA Legislative Chairman to help prevent or enact, as the case may be, these laws.

MPhA is currently working for passage of the bill to allow product selection by the pharmacist (House Bill 573) and is meeting stiff opposition from manufacturers, some opposition from physicians, and even some from the state board, whose position is that pharmacists need more facts on the quality of drugs before being able to select products. While more facts would be helpful, we have as much to go on as the physicians. We already are choosing when the physicians, especially the younger ones, write generically, and, if the bill passes, manufacturers would probably start making and sending us bioavailability studies. By and large the main reason I want the right to select products is that I MUST have and EXERT this right if I am a pharmacist. It is my duty as well, if I am not to be only a technician. There ARE dangers in product selection—but we must face them.

The other bills pending are being fought by MPhA in various ways. Of course, the advertising bills could be the most harmful to pharmacists and, in my opinion, to the public. I feel that as price competition increases, the

price of a prescription may fall, but the price of getting well will go up, on the whole. Family record cards utilization are only one example of ways a pharmacist can help get and keep a patient well. It is unlikely that discount operations will offer this or many other services.

A word of praise for Frater Paul Freiman for his efforts to help YOU and all of pharmacy in his work on legislation. Paul follows such dedicated legislative chairmen as Tony Padussis and Frater Bernie Lachman in the job. This time of the year the job requires a lot of time and personal expense. However, none of these people could have been even as successful as they have been without the effort and ability of Nate Gruz, Executive Director of MPhA. The job is hard, and made harder by lack of understanding and support by many pharmacists, and as far as I can see, Nate's best contributions have been in the field of legislation. He is largely responsible for many dollars in your pocket and in aiding in health care of your patients by his successful fights in the legislature. That Nate, Paul and others have not been successful is not their fault-it is the fault of the guy who will not financially and physically support the MPhA and who sits back and complains about the results produced by those doing the work FOR HIM.

Glad I don't know anyone like that. Or at least I wish I didn't.



STRONG SUPPORTING SHOULDERS REQUIRED

City Starts Sickle Cell Screening Program

The Baltimore Maternity Center, 211 W. Lombard Street, has started a screening program for sickle cell anemia.

The screening is available for women coming in for pregnancy registration at the Maternity Center and for patients in the Family Planning clinics. If a woman is found to have either sickle cell trait or true sickle cell anemia, the father of the child will also be tested. Of those tested so far in city clinics, 8½ per cent were found to have the trait. National figures show that from 7 to 10 per cent of black Americans have the condition. Genetic counseling will be provided for those patients needing it.

The City Health Department is also planning to increase sickle cell screening within other facilities, and soon the tests will be done on children in child health clinics and those attending the comprehensive children and youth clinics.

Sickle cell anemia is an inherited red blood cell defect that affects black people, people of Caribbean and Latin American origin, and those from the Mediterranean area. Persons who have sickle cell trait have no symptoms under normal circumstances. They are not sick, but if they marry someone with the trait, they can pass the condition on to some of their children, with the statistical probability that one in four may be born with true sickle cell anemia.

By screening for sickle cell anemia, the City Health Department's Maternity and Family Planning projects can inform people whether they carry a trait or true sickle cell anemia and how it might affect their children. It is particularly important in helping couples in planning their families.

OTC Drugs To Be Reviewed

The Food and Drug Administration announced the start of the first overall review ever attempted of the safety and efficacy of the more than 100,000 non-prescription drugs on the market. Commissioner Charles C. Edwards called the program "unprecedented in scope and intensity" and said that panels of non-government scientists would be asked to review the OTC's class-by-class rather than drug-by-drug, and that the project would take at least three years.

The study will be made by 15 to 20 technical review panels drawn from names submitted by consumer, professional and industry groups, which will prepare basic monographs for each of 26 product categories, starting with antacids and moving on to "mood" drugs, cold products, and analgesics. Dr. Edwards does not envision massive product removals, but earlier evaluations of 420 OTC's "broadly representative of the whole range" showed only about 25 per cent classifiable as effective. The industry is already working on a voluntary inventory of all drugs on the market, and a key "drug listing" bill is before Congress.

Third Supplement to NF XIII Released

The National Formulary Board has compiled and approved the final text of a Third Supplement to NF XII. The supplement is now being distributed by APhA.

Official on April 1, 1972, the latest supplement includes new specifications or changes in 87 monographs, six general tests chapters and several other NF XIII sections. Also included is a cumulative index to all three NF XIII supplements issued to date.

The April 1 official date was selected to allow a reasonable time following publication of the supplement—which constitutes formal announcement of the revisions adopted by the NF Board to manufacturers, pharmacists and others affected by NF standards—before new requirements become effective.

The Third Supplement to NF XIII includes sterility requirements for two ophthalmic ointments, and changes in sterility testing and sterilization procedures. The ophthalmic ointment sterility requirements are in the culmination of many years of study by the NF Board on test methods and problems in the technology of producing sterile ointments.

The NF Board has adopted a change in the official title for bishydroxycoumarin capsules to the simpler and more generally recognized dicumarol capsules. Comparable changes in the official titles for bishydroxycoumarin and its tablets dosage form will become effective simultaneously in USP XVIII.

Among important new specifications adopted by the NF BOARD are new limit tests for the highly toxic by-products ethylene glycol and diethylene glycol in polyethylene glycol 300 and 1540, and a new specification for yellow wax to prevent adulteration with cheap paraffin.

Other important revisions in the Third Supplement to NF XIII include (a) a change in storage conditions for dioctyl calcium sulfosuccinate capsules from a cool place (generally a refrigerator in the pharmacy) to controlled room temperature; (b) a change in storage conditions and other changes for magnesium citrate solution, based on NF Board review of the stability of the solution sterilized or pasteurized after preparation; (c) the addition of a caution note pertaining to the possible formation of crystals in potassium iodide solution under normal conditions of storage; and (d) changes in the monographs for some estradiol derivatives to increase the sensitivity of the test to limit foreign steroids which, if present, could alter significantly the therapeutic effects of the basic hormone.

Copies of the Third Supplement are being mailed automatically to all holders of NF XIII who have returned supplement request cards. Supplements are provided to purchasers of the current NF edition without additional cost.

Washington Spotlight For Pharmacists by APhA Legal Division

Charles C. Edwards, Commissioner of the Food and Drug Administration has announced that FDA has initiated a program which will review all drugs and drug products which are sold over-the-counter.

Recognizing that the consumer-patient has a clear right to self-treatment, the new OTC review program seeks to ensure that the drug product selected and purchased will be safe, effective and labeled in a clear, complete and truthful fashion.

The Food and Drug Administration has acknowledged that little control has been exercised over the composition, effectiveness or therapeutic claims of the overthe-counter preparations.

FDA at the present time does not know how many drug products are being marketed throughout the country. Estimates have ranged from a low of one hundred thousand, to a high of five hundred thousand drug products available without a prescription. Manufacturers of these preparations are not currently required to submit new drug information or even to seek FDA approval prior to selling their products to the public.

The National Academy of Science-National Research Council study of four hundred and twenty drugs, reflected the confusion and lack of control of drugs available for self-medication. Only twenty-five percent of the drugs tested were proven to be effective for the purpose which they were intended.

History of The FDA Regulation:

24

Prior to 1938, and the enactment of the Food, Drug and Cosmetic Act, manufacturers were permitted to market any drug, in any combination, without being reviewed by the Food and Drug Administration. In 1938, the FDC Act was passed empowering the FDA to review the scientific data on those drugs which were not generally recognized as safe for their intended use.

In 1962, the FDC Act was amended, granting the Food and Drug Administration the additional authority to review prior to marketing, the safety and effectiveness of those drugs which were not generally recognized as safe and effective for use under the conditions prescribed, recommended or suggested in the labeling of the product. FDA was further authorized to review the efficacy claims of all new drug products introduced and marketed during the period from 1938 to 1962.

Although the Act itself and the subsequent amendments gave FDA greater regulatory control over the marketing of certain drugs, others, the "grandfathereddrugs" were exempted from the application of the law. These drugs were considered to be safe and/or effective prior to the enactment of the federal legislation and thus, not subject to review. A product consisting entirely of a "grandfathered-drug" could be freely marketed and sold by any manufacturer. As a result, FDA estimates that only a "very few" of the OTC drugs now on the market have been subject to new drug procedures established by the Food, Drug and Cosmetic Act.

The OTC Review Program:

Although, recognizing the need for a review of the non-prescription drugs, the Food and Drug Administration was confronted with an awesome logistical and procedural problem. To initiate a review utilizing the traditional item-by-item approach would have been not only impractical, but ineffective from the FDA's standpoint. If such a program was undertaken, it was estimated that the total resources of the FDA, both legal and technical would have been drained. Ensuing litigation would have proved to be highly expensive while burdening the courts for years. Further, the consumer would have been afforded little or no protection. The FDA believed that manufacturers would have been able to avoid compliance with the court verdicts by simply reformulating their products, using the same ingredients in varying proportions, thus starting the process anew.

To avoid such problems, FDA identified and defined categories of drug products which are sold as over-the-counter drugs. Review panels have been established for twenty-six of these categories. The first category to be reviewed is that of the antacids. The panel will review and study all published and unpublished data regarding all drugs used in a particular category. Upon completion, they will draft a monograph for the drug category.

The monograph will define the characteristics of safety and effectiveness of the drugs, specifying the therapeutic limitations and the directions to be given to the consumer-patient.

Once the monograph has been completed, the FDA intends to require a drug within a particular category to meet all of the conditions established or it will not be recognized as safe. "Grandfathered-drugs" must also meet the conditions and requirements specified by the monograph.

The manufacturer of all OTC new drugs will still be required to submit a new drug application to the Food and Drug Administration if their product fails to meet the established criteria in the monograph.

If a manufacturer introduces a product which does not comply with the monograph criteria or markets a new product which has not been the subject of a new drug application, the FDA states it will have the power to institute immediate legal action. Persons and corporations responsible for marketing drugs in violation of these provisions are subject to injunction and criminal prosecution. The misbranded products are subject to immediate seizure.

It is hoped, the OTC Review Program through panel review and monograph procedures will ensure that OTC drugs will be safe and they will have a low incidence of adverse reactions or significant side effects; effective—the drug will provide clinically significant relief; and will contain accurate labeling—the directions for use of the product will be clear, complete and truthful in all respects.

"Free" Offers

The Federal Trade Commission has published guidelines concerning the use of the word "free" and words of similar import in connection with the sale of a product or service.

The guidelines were issued by the Commission in order to achieve voluntary compliance by providers of goods and services so that the consuming public is not deceived by offers of non-existent bargains.

The FTC recognizes that the offer of "free" merchandise or services is not only a promotional device used to attract customers but also a useful and valuable marketing tool. However, due to the fact that consumers often search for the best buy, the Commission believes that offers such as "free," "Buy One—Get One Free," "I Cent Sale," "Half Price" and other representations that raise the same implication should be used with care.

If a consumer is offered a "free" good or service, when another article is purchased, the term "free" indicates that he is paying nothing for that good or service offered and no more than the regular price for the other. The consumer has a right to expect when accepting such a "free" offer, that the seller will not in any way, recover the cost of the "free" merchandise or service by increasing the price of the article which must be purchased or by substituting a product or service of lesser value.

The Commission has defined the term "regular price" to mean that price at which the seller has openly and actively sold a product of the same quantity and quality in the same trade area where he is making a "free" offer during the regular course of business for a thirty day period of time.

For products or services which fluctuate in price, the regular price shall be the lowest price at which substantial sales were made during the preceding thirty day period.

The guidelines require that the seller conspicuously state, at the outset of the offer all the obligations and conditions imposed upon the buyer, so as to leave no reasonable probability that the terms of the offer might be misunderstood.

Wholesalers and other suppliers have the responsibility to insure that the "free" offer is passed on to the consumer. If the supplier knows that the reseller is withholding or otherwise using the offer in a deceptive fashion it is improper to continue to offer the product as promoted to the reseller.

The term "free" should not be made in connection with the introduction of a new product or service offered for sale at a specified price, unless the seller expects to discontinue the "free" offer after a limited time and to commence selling the product or service promoted separately at the same price at which it was promoted with a "free" offer.

If the price for a good or service is usually arrived at through bargaining, it is improper to represent that another product or service is being offered "free" with the sale. Likewise, if a product or service has an established price but material factors such as quality or quantity are arrived at through bargaining, it is improper to tie the product to a "free" offer.

In order that a "free" offer will be special and meaningful, a single size of a product or type of service should not be advertised with a "free" offer for more than six months in any twelve month period.

In addition, the Commission recommends that at sast thirty days elapse before another offer is promoted in the same area and then, no more than three offers be made in one year.

Copies of the guidelines may be obtained by writing directly to the Division of Rules and Guides, Federal Trade Commission, Washington, D. C. 20580.

Heart And Lung Institute To Launch National Study On Improving Present Treatment of Hypertension

The total number of Americans with elevated blood pressure—both diagnosed and undetected—is now estimated, on the basis of the National Health Examination Survey, to be about 20-25 million. It is common knowledge that clinical hypertension is an important precursor of heart attacks and strokes; moreover there is now evidence that such coronary and stroke risk increases with even mild blood pressure elevations if they are allowed to persist.

In a major effort to bring to the community the fruits of years of research on high blood pressure, the National Heart and Lung Institute is starting pilot programs in nine communities to develop and evaluate different methods of detecting and caring for hypertensive

persons in the population at large.

Effective anti-hypertensive agents to reduce the high blood pressure itself are available. But research in the past has shown that these therapies must be applied continuously—often for many years of the patient's life—if the high toll of death and disability from the long-term effects of hypertension on the heart, brain, or kidneys is to be reduced as well. This presents a massive problem of motivating and maintaining on therapy the many hypertensives who are known to be present in any large United States community. This problem is confronted in the first phase pilot programs by the nine clinical groups.

Phase I should take at least a year and will involve identifying about 300 or more hypertensives in each community. These patients will then be referred to various programs of medical care and periodic long-term follow-up. Some thus screened and invited to benefit will fail by dropping out or by neglicting to take the medications as prescribed. A major objective of program staffs will be to identify the means necessary to minimize dropouts from this life and health giving program. Phase II efforts will concern assessment of any community benefits of such programs in terms of reduced rates of death and disability in the cooperating members. Dr. Maureen Henderson of the University of Maryland Hospital, will direct the program in the Baltimore area.

More Than 40 Countries Represented At Washington Congress

Registrants from more than 40 different countries in every part of the world were among the 1,200 participants at the 31st International Congress of Pharmaceutical Sciences held September 7-12, 1971, at the Sheraton-Park Hotel, Washington, D.C.

Registrants included 90 from Spain, 87 from the Netherlands, 66 from West Germany, 63 each from Sweden and Switzerland, 47 from Great Britain, 35 from France, 23 from Portugal and 21 each from Belgium and Italy. Many other European countries were also represented.

HEW Secretary Sends Credentialing Report to Congress

HEW Secretary Elliot L. Richardson announced that he transmitted to Congress a Report on Licensure and Related Health Personnel Credentialing. Specific departmental recommendations are included, as requested by Congress.

First, among these recommendations, states are being urged to observe a two-year moratorium on the enactment of legislation that would establish new categories of health personnel. States, however, are urged to expand their existing health practice acts and to extend broader delegational authority to allow assignment of additional tasks to personnel qualified to perform them.

Also recommended is the use of *national examinations* now available to certain categories of health personnel and development of such examinations for other categories subject to licensure.

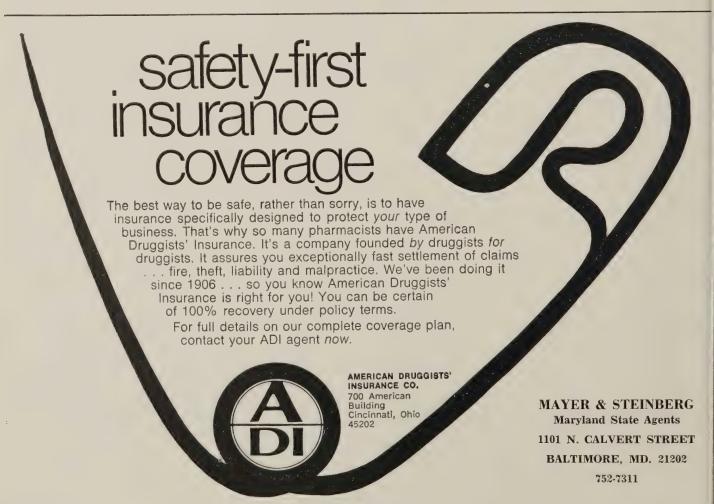
Professional health organizations and state licensing boards are urged to adopt specific requirements to assure the continued competency of health practitioners. The new concept of *institutional licensure* is discussed in the last and seventh recommendation.

Diagnosis By Computer

Computers are being used successfully today in several medical diagnosis areas. One is the computerized patient medical history questionnaire, where computer analysis of the patient's responses to questions about his personal and family history yields answers expressed as probabilities. The examining physician must follow up on probable abnormalities. Another successful application is an evaluation of a physician's diagnostic performance, when the computer serves as a checking device to see that all critical points in the diagnosis of a particular disease or condition have been considered adequately.

Medical diagnoses are reached by a complex series of progressive, branching decisions. A yes answer to one question leads the physician on to another question while a no answer leads to a different question. The branching continues until an answer is found and a diagnosis is reached. The process, which may be conducted consciously or almost unconsciously in the physician's mind, can be put on paper as a flow chart.

A medical diagnosis flow chart can be programmed into a computer but the branching process covering an entire diagnosis from initial symptom (i.e. coughing) to final diagnosis (i.e. emphysema) usually is too complex for present computer capabilities. Successful efforts to date have begun with a stated or implied partial diagnosis from the physician, giving the computer a starting point from which to progress with its branching.



Obituaries

Julius Symons

Julius Symons, 57, D.C. pharmacist who registered in Maryland by reciprocity in 1955, died of cancer on September 8, 1971.

David Newman

David Newman, 60, former owner of City Pharmacy in Elkton, Maryand, died at his home in Surfside, Florida on January 14. Mr. Newman, 1933 graduate of the University of Maryland, School of Pharmacy, was a nember of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Paul Jay Snyder

Paul Jay Snyder, 69, died on Jannary 29 after a long illness. Mr. Snyler was a partner in the firm of Mc-Comas and Palmer for 32 years. He also operated the Carter Drug Company on North Gay Street and the Strathmore Pharmacy on Harford Rd. He retired in 1960.

Mr. Snyder was a member of the Maryland Pharmaceutical Association, he Geisenheim Organization, the Bouni Temple and the Catonsville Shrine. He was a brother in the Chesapeake Consistory, and the Lafayette Lodge, No. 111.

Harry Weinberg

Harry Weinberg, 70, who operated pharmacy at Callow and North Averages in the 1920's and another pharmacy on Park Avenue at Biddle Street or several years, died of emphysema in January 26 at North Charles Genral Hospital. Mr. Weinberg was a alesman for the Loewy Drug Company for 15 years prior to his retirement in 1967.

A 1921 graduate of the University f Maryland, School of Pharmacy, Mr.

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Metropolitan Guild of Pharmacists

President
JOHN McKIRGAN
Vice President
FRANK FRARY
Secretary
LARRY JACOBSON
Treasurer
EDWARD WILLIAMS

Weinberg held membership in the Maryland Pharmaceutical Association, the Traveler's Auxiliary of the Maryland Pharmaceutical Association, the Alpha Zeta Omega Pharmaceutical Fraternity, St. John's Masonic Lodge No. 34, and was a charter member of Temple Emmanuel in Baltimore.

Bertha Cermak Budacz

Bertha Cermak Budacz, 72, died on January 28. She, her late husband, Frank M. Budacz and her brother. James J. Cermak were all graduates of the 1926 class, University of Maryland, School of Pharmacy.

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*Products tested were a zinc pyrithione preparation and a product containing hexachlorophene, sulfur and salicylic acid. 201340



The Maryland Pharmacist

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650 WEST LOMBARD STREET BALTIMORE, MARYLAND 21201



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Editorial ...

NO TWO WAYS ABOUT IT

A community pharmacy located in the mid-western part of the country proudly advertises what it believes to be its answer to all of Pharmacy's problems: two-tier pricing of prescriptions. Under this policy, the pharmacy's prescription customers can elect to avail themselves of all the services the pharmacy has to offer and pay the regular prescription prices—or they can elect to skip all services and pay rock-bottom prices for prescriptions

It has always been our belief that a true health professional should strive to offer the best possible service that he can. Would we seek the services of a physician who openly advertised two service options. One—his regular service and two—his economy discount option featuring no lab tests and no patient records. Doesn't this seem ridiculous?

Pharmacists who subscribe to this method of operating by either offering a choice to their patients of service or non-service or by not offering any service at all are

providing a disservice to their patients and to their protession. They are in fact saying that Pharmacy can be practiced two ways: the professional way and the merchant way. There isn't much difference between the noservice method of prescription filling and the purchasing of a bag of nails at the local hardware store. Service is what pharmacy is all about and what differentiates a pharmacist from a drug store clerk. I am speaking about such services as patient medication records and pharmacist-patient contact.

The drug store clerk has not been trained to detect possible drug interactions and does not advise patients as to the best way and the best time to take their medications

Let us not be fooled into thinking that we are doing a favor to our patients by saving them a few cents and cutting down on service. In addition to cutting down on services, we may find that we are also cutting our own efforts to be recognized as professionals.

- Normand A. Pelissier

Program Highlights 90th Annual Convention Maryland Pharmaceutical Association

Washingtonian Motel and Country Club Gaithersburg, Maryland

> Sunday, Monday and Tuesday MAY 7, 8, 9, 1972

Hospitality Room hosted throughout the Convention by the Prince Georges-Montgomery County Pharmaceutical Association

Stop in for refreshments and get acquainted!

SUNDAY, May 7, 1972

12 Noon—Registration opens

2-4:30 p.m.—8th Simon Solomon Pharmacy Management Seminar

"The Future Role of the Pharmacist"

Pharmacy Management—Now and Projected

Is the present pharmacist obsolete?

—Dr. David A. Knapp, Associate Professor of Pharmacy Administration, University of Maryland School of Pharmacy

—Dr. Christopher A. Rodowskas, Jr.
Associate Professor (on leave) Ohio State University; Director, Pharmacy Manpower Information Project, American Association of Colleges of Pharmacy

6:30 p.m.—Gala welcome cocktail party
Hosts—Prince Georges-Montgomery County Pharmaceutical Association
Annual Installation Banquet of MPhA
Installation of officers of Prince Georges-Montgomery
County Pharmaceutical Association
Gourmet Prime Rib Dinner, Dancing

MONDAY, May 8

9:00 a.m.—First Business Session President's Address; report of Executive Director; report of Treasurer House of Delegates meeting

10:30 a.m.—LAMPA Business Meeting

12:00 Noon—Luncheon

Guest Speaker: A Report from Capitol Hill—Washington

2:00 p.m.—LAMPA Program

2:00-4:30 p.m.—12th Robert L. Swain Pharmacy Seminar: Drug Interactions Workshop co-sponsored by APhA Academy of General Practice of Pharmacy

6:30 p.m.—An Evening Extravaganza

Special buffet dinner

Floor show presenting great bands of the 40's and 50's. Dancing

Cocktatil party by Youngs Drug Products Corporation

TUESDAY, May 9

9:00 a.m.—Second Business Session Report of Maryland Board of Pharmacy Report on School of Pharmacy

12:00 Noon—Luncheon guest: "Meet the Press" Format Dr. T. Donald Rucker, Head of Drug Studies Branch, H.E.W., Social Security Administration A drug manufacturer, wholesaler and pharmacist will question Doctor Rucker on his speech which accused all parts of the drug distribution system of

wasteful practices 2:00 p.m.—Third Business Session—House of Delegates

4:30 p.m.—Adjournment of Convention



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MPhA In Action Board of Trustees Meeting February 10, 1972

NATHAN I. GRUZ, Executive Director

The Board of Trustees received reports and gave consideration to Association activities and programs. The following is a summary of actions taken:

- —Noted receipt of letter from Maryland Health Maintenance Committee indicating approval of MPhA full membership status.
- —Approved Treasurer's report.
- —Approved Executive Director's report outlining major activities including legislative meetings in Annapolis; third-party payment programs and meetings of the Task Force on this matter; Teamster Prescription Plan; Maryland Health Maintenance Committee; conferences with Dr. Tayback, Assistant Secretary of Health and Mental Hygiene; East Baltimore Medical Plan. Other meetings included Eastern Shore Pharmaceutical Society, BMPA, Maryland Society of Association Executives, A.Z.O. meeting on Prescription Insurance Council, meetings with executives of other health profession associations, MPhA committees, Tripartite Committee on regulation for professional experience program.
- -Reviewed changes in the Wage-Price Freeze controls.
- -Reviewed request by APhA for opinion of Board regarding MPhA policy on minority pharmacists.
- —Agreed to encourage participation of all pharmacists in MPhA and to discourage formation of any separate organizations of minority pharmacists.
- —Approved appointment of Mary Connelly as MPhA delegate to APhA annual meeting.
- -Approved Membership Committee report.
- —Approved Public Health Information Committee report on the State V.D. Task Force.
- —Approved Legislative Committee report which noted status of all bills affecting Pharmacy before General Assembly. A legislative newsletter will be mailed to the membership informing them of MPhA position on bills.
- —Reviewed convention and post-convention plans.
- —Approved report of Prescription Insurance Plans Committee. Negotiations are in progress with union representatives in establishing MPhA programs.
- —Reviewed multi-prescription form for institutional work with space for five prescriptions on a single form which would be of assistance to the state in utilization review.
- —Reviewed Senior Citizens prescription insurance program.
- —Accepted Nominating Committee report: Chairman Fedder announced the following nominees: President Elect—Anthony Padussis, Sydney L. Burgee; Vice President—Richard Parker, Mary W. Connelly; Treasurer—Morris Lindenbaum, Alder Simon; Board of Trustees (replacement for Stephen Hospodavis) Stephen Hospodavis, Samuel Weisbacker; (replacement for Morris Bookoff)—Melvin Rubin, Rudolph Winternitz. A mail ballot including a brief biographical sketch and duties of each office will be sent out prior to the Convention.

- —Reviewed Articles of Incorporation of the Pharmaceutical Services Foundation of Maryland. Board of Trustees is being formed.
- —Reviewed request from APhA to waive state membership dues for members of the Academy of Pharmaceutical Science. Agreed that APhA Academy of Pharmaceutical Science applicants be considered on individual basis, and that MPhA does not favor blanket waiver of MPhA membership.
- —Accepted the President's appointments to a special committee on nominations to the Board of Pharmacy. Appointees are: Melvin J. Sollod, Chairman; Joseph U. Dorsch; Dr. William J. Kinnard, Jr.; Mary W. Connelly; Bernard B. Lachman; Anthony G. Padussis; John R. McHugh; Stephen Hospodavis; Donald O. Fedder. Agreed that limits on salary for the Secretary of the Board of Pharmacy and per diem be removed from law.
- —Reviewed House Bills 252 and 468 which permit physicians to delegate duties to others in accordance with the State Medical Examiners. Amendment was suggested to assure that duties do not include pharmacy.
- —Reviewed contract between Department of Health and Mental Hygiene and the East Baltimore Medical Plan and its effects on the community. The MPhA is attempting to establish a proposal which will satisfy the needs of the community as well as allow freedom of choice of pharmacy.

New Members

The following names were approved for membership at the February 10, 1972 meeting of the MPhA Board of Trustees:

Ted Cohen, Adelphi, Lawson's Nursing Home Pharmacy Service.

Gervis B. Zeigler, Beltsville, Drug Fair.

C. G. Curtice, Fairfax, Virginia, People's Drug Stores. R. M. Peatross, Vienna, Virginia, People's Drug Stores.

R. M. J. Smith, Jr., Annapolis, R. Smith Pharmacy. Leo Mallard, Adelphi, People's Drug Stores.

Michael Luzuriaga, Baltimore, Maryland General Hospital.

Paul Zucker, Baltimore, Burris and Kemp Pharmacy. Joseph W. Loetell, Jr., Baltimore, Burris and Kemp Pharmacy.

PHARMACY CALENDAR

- May 3, 1972—(Wednesday) School of Pharmacy Alumni Association general meeting. Student Union, Lombard St., Rooms 202 A&B, 7:30 p.m.
- May 7-9—Annual Convention, Maryland Pharmaceutical Association, Washingtonian Motel and Country Club, Gaithersburg, Maryland.
- May 17-22—Post-convention trip, Maryland Pharmaceutical Association, Pierre Marquis Hotel, Acapulco, Mexico.
- May 31—(Wednesday) Annual Alumni Graduation Banquet, University of Maryland, School of Pharmacy.
- June 9-11—Maryland Society of Hospital Pharmacists 7th Annual Hospital Pharmacy Seminar, Carousel Motel, Ocean City, Maryland.
- October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.

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Baltimore Metropolitan Pharmaceutical Association

The general meeting of the Baltimore Metropolitan Pharmaceutical Association scheduled for February 17 which was cancelled due to inclement weather has been rescheduled for April 20. The program will consist of the following:

Kelly Memorial Building, 650 West Lombard Street, Baltimore, Maryland

8:30 p.m. CONTINUING EDUCATION SERIES

Dr. David A. Blake, Associate Professor of Pharmacology and Toxicology

University of Maryland, School of Pharmacy.

"A Drug Abuse Analysis Service"—A review of the fascinating new analytical drug service of the School of Pharmacy which can determine the nature and potency of drugs of abuse, including "street drugs."

9:00 p.m. "THE EAST BALTIMORE MEDICAL PLAN"

Dr. James D. Sheppard, Medical Director, East Baltimore Medical Plan.

This new health center is an example of an "HMO"—Health Maintenance Organization.

It is important that all in pharmacy be fully informed about the HMO concept which may be a major type of health delivery system in the next few years. No issue is more vital at present.

Discussion.

10:00 p.m. BMPA business session featuring a report on pharmacy and health legislation passed in the recent legislative session in Annapolis.

Refreshments.

ALL PHARMACISTS ARE INVITED AND URGED TO ATTEND!

A.Z.O. News

A.Z.O. Kappa Chapter held an A.Z.O. Joint Dinner Meeting at Martin's West, Baltimore, on March 5, 1972. The guest speaker was Allan Christian of WCBM twoway radio.

T.A.M.P.A.

March 2 was Past-President's Night for the Traveler's Auxiliary of the Maryland Pharmaceutical Association. The affair was held at Ordell Braase's Flaming Pit Restaurant in Timonium. The group had planned a "preconvention" meeting for April 6, 1972 at the Heritage House. Heaver Plaza, Towson.

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of February:

New Pharmacies

Henryton State Hospital - Pharmacy; Nathan M. Snyder, Pharmacist; Henryton, Maryland 21080.

Drug Fair No. 87; Milton L. Elsberg, President; 6818 Riverdale Road, Riverdale, Maryland 20840.

No Longer Operating As Pharmacy

None.

Changes Of Ownership, Address

Cockeysville Pharmacy, Inc.; Jacob H. Sapperstein, President; 10255 York Road, Cockeysville, Maryland 21030.

Laurel Medical Pharmacy; Myron A. Shumway, Jr.; 321 Prince George Street, Laurel, Maryland 20810.

Magiros Pharmacy; John G. Magiros; 9338 Baltimore National Pike, Ellicott City, Maryland 21043.

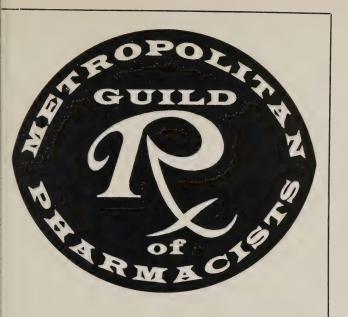
Kappa Psi Pharmaceutical Fraternity

The Maryland Graduate Chapter, Kappa Psi Pharmaceutical Fraternity and Sigma Chapter of Kappa Psi will co-host the 1972 Annual Province III Meeting. The meeting will be held at the Holiday Inn, Route 40 West on April 22 and 23. Along with business meetings, there will be a dance on Friday, April 21 and a banquet on Saturday evening, April 22. A bowling tournament sponsored by the Graduate chapter, will be held on Friday afternoon.

Pharmacy students and graduates from five states are expected to attend. Anyone interested in attending the Province III meetings may obtain additional information by calling G. Lawrence Hogue at 644-1971. All Kappa Psi members are cordially invited.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association held a general membership meeting on March 2 at the Coca-Cola Auditorium, Hillendale, Maryland. The program concerned state legislation affecting Pharmacy. Panelists included Morris Yaffee, member of the Maryland Board of Pharmacy; Nathan Schwartz, MPhA President; and Paul Freiman, Chairman of MPhA's Legislative Committee. Nominations for the Association officers was held at the meeting and contributions were collected for the Taylor Manor Hospital for Former Addicts.



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46th Annual Graduation Banquet of the

UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY ALUMNI ASSOCIATION

Wednesday, May 31, 1972

EUDOWOOD GARDENS

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Baltimore, Maryland

ALL PHARMACISTS AND FRIENDS INVITED TO ATTEND

6:00 p.m. CASH BAR — 7:00 p.m. DINNER

TICKETS \$9.00 per person

CONTACT: Mr. Charles Tregoe
3 Burr Oak Ct.

Randallstown, Md. 21133 655-4741 or 383-2730

Clinical Aspects of Fluid and Electrolyte Balance

By S. L. Burgee, Jr.
Director of Pharmacy and Central Supply Services
The Union Memorial Hospital, Baltimore

Before discussing the treatment of fluid and electrolyte abnormalities, let us look at the normal physiology in a brief review.

The distribution and composition of the body fluids are involved and wondrous subjects. There are authorities who metaphorically refer to the body fluids as the "internal sea," a comparison with the oceans of the world. Indeed there are many similarities. The metaphor offers a hint in explaining why the normal physiological situation is what it is. Both the oceans and the body fluids contain dissolved gases such as oxygen and carbon dioxide, nutrients such as glucose and amino acids, the waste products of cellular metabolism such as urea and lactic acid, and dissolved inorganic salts called electrolytes. The heat capacity of the water is able to maintain a nearly constant or slowly changing temperature. These things taken together provide the medium in which life can

Life began in the seas. Tiny one cell organisms developed and thrived in the preexisting environment. They used the surrounding fluid as a source of nutrients and oxygen, as a vehicle for elimination of metabolic wastes and carbon dioxide; and developed the ability to exist, develop, and reproduce in the existing complex fluid. In fact, these organisms adapted to the point that they could only live in that environment. They could only function in the electrolyte solution that is the ocean.

As time went by, some of the simple one cell animals evolved into multicelled structures similar to sponges, very porous, so that the sea water could perfuse their interiors and continue to bathe each cell and surround it with the medium for life. But, evolution didn't stop there. Even more complex life forms developed. They were more rigid and solid. The ocean could no longer reach each cell, so the organisms developed internal circulatory systems that were just like sea water. They developed pumping mechanisms to move the fluid about so that this internal sea could bathe each cell. They developed mechanisms to transfer oxygen from the outside to the inside fluid and to remove carbon dioxide, they developed digestive sys-

tems to transfer nutrients to the internal sea, and they developed excretory organs to move unwanted substances from their body fluid to the surrounding ocean. And then, some species moved from the sea to the dry land, carrying their own bit of the ocean with them inside their bodies—their own internal sea to provide that necessary environment to surround their body cells and allow life to continue.

Of course there were other developments and improvements like the evolution of red blood cells to better carry oxygen and carbon dioxide, but the basic composition of body fluid remains today as it was when the first animals carried their bit of the ocean with them to the dry land. The composition, particularly the electrolyte content, is not the same as the ocean at present, but the ocean has changed over millions of years as more and more minerals have been dissolved by rain and carried into the sea. Authorities can calculate the ocean electrolyte composition at the point in the distant past when land life emerged, and their calculations very nearly approximate body fluid. So that is how the body fluid got that way, and that is why it must stay that way or life cannot con-

Back at the beginning of this paper we mentioned the various normal components of sea water, and we have seen that those same components are present in body fluid. Those components include gases, nutrients, wastes, and electrolytes. Let's take a moment to further discuss the electrolytes. Electrolytes are salts, which when dissolved in water, dissociate into electrically charged particles called ions. Since in the dry state there was no electrical charge, the total number of positive charges must equal the total number of negative charges. Because of the electrically charged particles the solution will conduct an electric current and hence the name electrolvte.

In body fluids there is a mixture of cations and anions of several types, but the basic principle is followed. The number of positive charges is equivalent to the number of negative charges. Because of the electrochemical nature of the fluid, it is more use-

ful to express the quantities of each type of ion in equivalents rather than by weights, which have no direct correlation with each other. Since ions of different substances have different weights, one can relate them more easily by the common factor of electrical charge. One charge is equivalent to one charge, regardless of weights of the particle. That is like saying a nurse is a nurse whether she weighs 98 pounds or 125 pounds. It would do you no good to know that there are nine hundred pounds of nurses on duty, would it? So it is with a solution of electrolytes. We want to know the number of particles, not the weight of a particle substance.

There is one small additional problem to handle about electrolyte solutions. The equivalent is a rather large chemical unit. In body solutions we would have to work with very small fractions so it is convenient to use a smaller unit, the milliequivalent, 1/1000 of an equivalent, and written mEq.

In the complex human body, the body fluid actually is distributed in three distinct compartments. First, there is the intracellular fluid, the fluid of the protoplasm. This fluid is unique because of the cellular membrane that separates it from the surrounding extracellular fluid. The cell membrane has the ability to control the passage of material in and out of cell, so that some substances are excluded while others are retained and accumulated. Still other substances, such as water may diffuse freely according to physical laws of osmosis and diffusion.

The other two compartmental areas may be collectively called the extracellular fluid and represent that internal sea that we alluded to previously. One compartment of extracellular fluid is the blood vascular compartment, the plasma. The other compartment is that surrounding the body cells and outside of the blood vessels. This compartment is referred to as the interstitial fluid or tissue fluid. The membrane that separates these two compartments is the capillary wall The basic difference between plasma and interstitial fluid involves the large protein molecules of plasma that are too big to diffuse across the capillar membrane, and therefore, remain inside the blood vessels. Other components, such as electrolytes are nearly the same because they diffuse freely in both directions.

The normal electrolyte concentrations of the three compartments are listed in Table 1.

Another method of illustrating the relative concentrations is by use of the so called Gamblegram. A Gamblegram for the plasma is reproduced in Table 2. Cations appear in the left column and anions in the right.

At this point we can discuss a good example of the value of using milliequivalents to express concentrations. Everyone is familiar with physiological sodium chloride solution, or normal saline. You probably know that it is a 0.9% solution of sodium chloride in water. Another way of expressing it is a concentration of 9 Gm./liter. Let's use the better method of milliequivalents per liter. Each gram of sodium chloride represents approximately 17 milliequivalents of sodium and of chloride ions. Multiply 17 mEq./Gm. x 9 Gm./L. and you obtain 153 mEq./L. See how closely this compares with the normal concentration of cations and of anions in the extracellular fluids. That is why normal saline is normal. We will see as we proceed that normal saline cannot substitute for body fluid permanently, but it can serve as a temporary replacement, because it has the same chemical activity as expressed in mEq./L.

Now we must discuss the normal function, distribution, and movement of the components of body fluid. Figure 1 will help illustrate these points.

The most important function of the extracellular fluid is maintenance of homeostasis, a nearly constant environment. It has the ability to absorb and dissipate the large quantities of heat produced by metabolism in the cells. It provides a nearly constant ionic ratio to support metabolic functions, controls diffusion of water, and maintains tissue irritability necessary for nerve impulse transmission. Its chemical buffering capacity allows for neutralization of acid by products of the cells without any appreciable alteration of the acid-base balance of the body.

A second function of the extracellular fluid is to provide an avenue for nutrients to reach the cells that need them, and a reverse route for cellular waste products to be eliminated. We will look at this function first: Normal Electrolyte Concentrations in the Three Fluid Compartments of the Body:

| CATIONS | PLASMA I | NTERSTITIAL | INTERCELLULAR |
|---|-----------------------|--------------------------|----------------------------------|
| Sodium (Na ⁺) Potassium (K ⁺) Calcium (Ca ⁺⁺) | 142 mEq./L. 5 5 | 145 mEq./L. 4 3 | 10 mEq./L. 125 15 |
| Magnesium (Mg++) | 3 | 2 | 30 |
| Total Cations | 155 mEq./L. | 154 mEq./L. | 180 mEq./L. |
| ANIONS | PLASMA IN | TERSTITIAL II | NTERCELLULAR |
| Chloride (Cl-) | 104 mEq./L. | 116 mEq./L. | 5 mEq./L. |
| Bicarbonate (HCO ₃ -) | 27 | 27 | 10 |
| Phosphate (HPO ₄ =) | 2 | 3 | 100 |
| Sulfate $(SO_4=)$ | 1 | 2 | 15 |
| Organic Acids | 5 | 5 | |
| Proteins | 16 | 1 | 50 |
| Total Anions | 155 mEq./L. | $\overline{154}$ mEq./L. | $\overline{180 \text{ mEq./L.}}$ |

The drawing in Figure 1 indicates with a series of arrows the movement of fluid within the body.

In a normal healthy body fluid gains and losses are in balance. In an average state, and on a daily basis, 500 ml. of water are lost in the breath, 500 ml. of water are lost as insensible perspiration, 100 ml. accompany the feces, and about 700 ml. of water are required to carry away the waste products in urine. These are obligatory losses that must be replaced. Average intake includes 1000 ml. in food, 1200 ml. in drink and 300 ml. created through metabolism. This totals 2500 ml., or about 700 ml. in excess of the obligatory losses. The excess is carried off in the urine to maintain balance. If additional fluid is ingested, the urine volume increases and balance is maintained. If less fluid is consumed the urine volume decreases toward the 700 ml. minimum limit. If total intake is less than 1800 ml., dehydration will occur because of the obligatory loss.

So far we have talked only about an average state of fluid loss. There are factors that alter the losses. Heavy breathing that may be seen; for example, in certain respiratory diseases can double or triple the water lost in the breath. Profuse sweating in a hot environment or in a febrile condition can increase loss through the skin to as much as 2000 ml. per day. These losses must be compensated for or dehydration will occur. In maintaining fluid balance, heavy breathing and sweating have to be accounted for in addition to monitoring of urine and

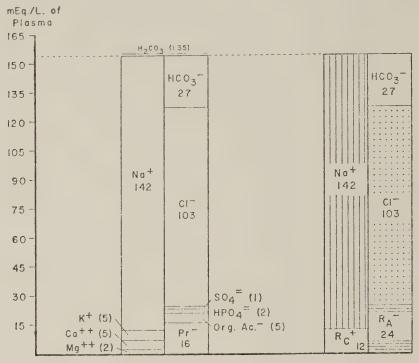
fecal output and fluid intake. There are other kinds of fluid loss that can produce serious problems. Vomiting, diarrhea, surgical drainage, hemorrhage, and the oozing of extensive burns are some of them. These losses carry an additional peril, because these fluids are rich in electrolytes which must also be replaced or electrolyte inbalances will develop. For example, 8000 ml. of electrolyte rich secretions in the form of digestive juices are dumped into the gut daily, and nor-mally reabsorbed. In diarrhea, a large quantity may be lost. These juices are particularly rich in potassium. If not replaced, hypokalemia will occur with ramifications that we will discuss.

Again, on an average basis, the body requires 100 mEq. of sodium and 70 mEq. of potassium daily to compensate for the quantities of these electrolytes lost in normal function.

Returning to the fluids' function in homeostatis, we already alluded to the role of the skin and sweat in maintaining body temperature. The heat of cellular metabolism is absorbed by the extracellular fluid, transferred to the plasma, and dissipated through the skin by evaporation of insensible perspiration, or when evaporation is inadequate, by accumulation of sweat. The other aspects of homeostatis involve the electrolytes.

Control of relative acidity and alkalinity, or more popularly called acid-base balance, is mediated through the anions of the extracellular fluid with the assistance of the lungs and kidneys. The involved anions are all those except chloride. The organic (from Weisberg, H.F., Water, Electrolyte and Acid Base Balance, Williams & Wilkins, Baltimore)

NORMAL PLASMA ELECTROLYTES



The Gamblegram representation of normal plasma electrolyte concentrations. R_{C} + represents residual cations and R_{A} - represents residual anions.

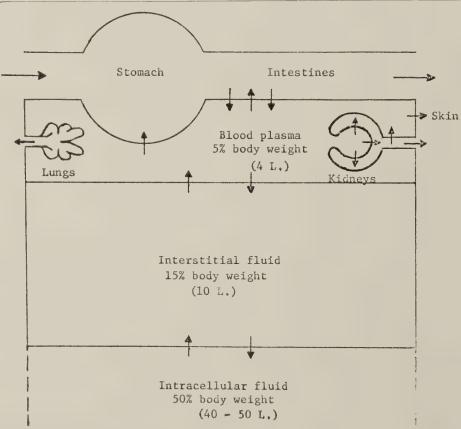


FIGURE I: Diagram showing distribution of body Fluids (from Gamble: Extra-Cellular Fluid, Harvard University Press)

acids, sulfates, phosphates and, most importantly bicarbonate, are able to chemically buffer the acidic by-products of cellular metabolism. Because of their relatively small concentrations most of them are insignificant, but let us look at the function of the bicarbonate ions.

To discuss acid-base balance we have to introduce another term from chemistry-pH. pH is a system of expressing acidity and alkalinity. pH is mathematically related to the hydrogen ion concentration of a fluid. Hydrogen ion is acid. On the pH scale of 0 to 14, 0 represents maximum acidity, 14 represents maximum alkalinity, and 7, right in the middle is neutrality. The normal pH of body fluid is in the very narrow range of 7.35 to 7.45, very near neutral but slightly on the alkaline side. pH below 6.8 or above 8.0 is incompatible with life. Cells can live but perform poorly in the range of 6.8 to 7.35, a condition called acidosis, and also in the range between 7.45 and 8.0, a condition called alkalosis. Therefore, homeostasis in the area of acid-base balance is quite criti-

The major problem in this area involves the acid by-product of cellular metabolism, carbon dioxide, and the alkaline bicarbonate ions of the body fluid. Cells use oxygen and give off carbon dioxide, the CO2 dissolves in the extracellular fluid forming carbonic acid and ionizes according to the equation $CO_2 + H_2O \rightarrow H_2CO_3 \rightarrow H^+ + HCO_3$. It produces a hydrogen ion and a bicarbonate ion. In the presence of a sufficient quantity of excess bicarbonate ions this reaction is reversed to produce un-ionized H₂CO₃ which circulates through the body fluid to the lungs where it dissociates into water and CO2. The CO_2 is expired and leaves the body.

If the concentration of natural bicarbonate is too low, there will be free hydrogen ions and acidosis will occur, or if the CO2 is produced too fast or not expired rapidly enough, its concentration will increase and overpower the available bicarbonate with acidosis again developing. Conversely, if the bicarbonate concentration is too high it will overpower the CO₂ and produce an alkaline pH, or alkalosis, or if CO₂ production is reduced or if expiration is increased the CO₂ level will fall and the normal amount of bicarbonate will be an excess and alkalosis will result. Clinically, when the problem is related to a change in CO₂ level a prefix — respiratory — is used, e.g. respiratory acidosis indicates



elevated CO2 levels, and respiratory alkalosis indicates decreased CO2 levels. When a bicarbonate level is the problem, a prefix — metabolic — is used, e.g. metabolic acidosis indicates a reduced bicarbonate level, and metabolic alkalosis means there is an elevation of bicarbonate concentration. The kidney can control bicarbonate levels normally by its retention or excretion of chloride ions. Looking at the Gamblegram you can see that if the chloride concentration is increased and cations are unchanged, this will force a reduction of bicarbonate which is voided in the urine. Excretion of chloride will allow the bicarbonate level to rise. The normal ratio of bicarbonate to carbonic acid in the fluid is 20:1. At this ratio the pH will be 7.4. From this discussion you can see that chloride concentration is very important because of its effect on the bicarbonate level.

Bicarbonate deficit or metabolic acidosis is produced when the level of bicarbonate in the extracellular fluid decreases. Direct loss of bicarbonate could be the cause; as in diarrhea, intestinal drainage, fistula, renal tubular insufficiency, Addison's disease, and use of diuretics that inhibit carbonic anhydrase (e.g. acetazolamide). Increase of chloride level at the expense of bicarbonate could be involved when acidifying salts (ammonium chloride, calcium chloride, lysine monohydrochloride) are administered or when normal saline is administered parenterally without compensation for other electrolytes. Or, any clinical event causing increase in concentration of organic acid anions (renal insufficiency, nephritis, fluid deficit), ingestion (salicylate poisoning), or excess production of organic acids associated with any of the following will do so at the expense of bicarbonate.

- 1—Endocrine disorders:
 Diabetes mellitus, adrenal cortical hyperfunction, anterior pituitary hyperfunction, hyper-
- 2—Diet: Starvation, low carbohydrate intake, high fat intake.
- 3—Impaired cellular metabolism: Hepatitis, cirrhosis, anesthesia, circulatory failure fever, infection, glycogen—storage disease
- 4-Violent exercise or convulsions
- 5—Lactic Acidosis

thyroidism.

- 6-Shock
- 7—Poisoning methanol, ethylene glycol

8-Extracorporeal circulation

Symptoms of bicarbonate deficit include deep rapid breathing, shortness of breath, weakness, stupor, coma.

Bicarbonate excess, or metabolic alkalosis, occurs when bicarbonate concentration increases in the extracellular fluid. Usually this is associated with a loss of chloride and potassium through vomiting, gastric suction or fistula. There is a direct relationship between potassium and chloride, so that any condition encouraging K+ loss will also cause Cl- loss and lead to bicarbonate excess. For example, laxatives, or potassium-free parenteral solutions will lead to hypochloremic alkalosis as will hyperadrenalism. Ingestion of bicarbonate can produce excessive levels. Elevated bicarbonate causes reduction of Ca++ level, leading to tetany. Symptoms of bicarbonate excess are depressed respiration, hyperactive reflexes (from Ca++ deficit), hypotonicity, tetany progressing to convulsions.

Carbonic acid deficit (Respiratory alkalosis) is produced by overbreathing, fever, encephalitis, high temperature, or lack of oxygen. Symptoms are unconsciousness, tetany, convulsions. Correction of the cause of hyperventilation must be made.

Carbonic acid excess, or respiratory acidosis, is associated with inadequate elimination of CO₂ through the lungs. Lung disease, suppressed respiration, or impaired circulation may be involved. Symptoms include weakness, disorientation, and coma.

Among the cations Na+ represents the largest single component of the extracellular fluid. Because of this preponderance, variation in Na+ concentration would noticeably affect the properties of the fluid as a whole. Reduction of Na+ (with corresponding anion loss) causes hypotonicity and an upset in osmotic balance causing water to engorge the cells. Some proteins, which are soluble in normal fluid; will precipitate from hypotonic solutions. Nerve transmission is impeded also. Increase in Na+ concentration causes a reverse water flow dehydrating the cells and increasing extracellular fluid volume. Since the Na+ concentration is so important for the functions of extracellular fluid, it is not surprising to find a hormonal control mechanism within the body which regulates Na+ loss through the kidneys. With time, healthy kidneys, and proper hormone levels, the sodium balance will be maintained. The hormones involved are antidiuretic hor-

mone from the posterior pituitary and aldosterone from the adrenal cortex. They are antagonistic to each other in regard to their effects on Na⁺ concentration. Deficit leads to fatigue, muscular weakness, apprehension, cramps, oliguria, and convulsions. Excess causes dry mucous membranes, flushing, elevated temperature, thurst and oliguria.

Calcium in the extracellular fluid is in small concentration but quite necessary for normal body function. Ionized calcium is involved in neuromuscular excitability with effects that are antagonistic to potassium; and also, in the clotting mechanism of blood. Calcium of course provides the framework for bones and teeth, which represent the great reserve of body calcium. The body's calcium is carefully regulated by the parathyroid hormone which controls calcium and phosphate levels in the extracellular fluid, and by vitamin D which controls absorption of calcium from the gut. Parathyroid hormone raises Ca++ levels through resorption of bone and renal excretion of phosphate. In hypoparathyroidism there is a Ca++ deficit and a HPO₄= excess in the extracellular

Other causes of Ca++ deficit are acute pancreatitis, excessive citrated whole blood, subcutaneous infection, calcium free parenteral solutions, recent correction of acidosis, sprue, parathyroid surgery, vitamin D resistant rickets, intestinal surgery, fluoride poisoning, early stages of burns, diarrhea, steatorrhea, pseudohypoparathyroidism. Symptoms of deficit are cramps, tetany, tingling, numbness, hyperactive reflexes.

Calcium excess in the extracellular fluid is caused by excessive intake due to excess vitamin D or ingestion of large quantities of milk, hyperparathyroidism, neoplasms, multiple myeloma, prolonged immobilization, renal disease. Symptoms of excess include anorexia, nausea, weight loss, polyuria, bone pain, kidney stones, muscle hypotonicity, lethargy, EKG changes progressing toward systolic arrest.

Magnesium (Mg⁺⁺), like calcium is found in large quantities in bone. Much of the skeletal magnesium is readily exchangable with the ionized form in the body fluids, providing thuge reserve so that magnesium deficiency is uncommon except in extreme situations. Mg⁺⁺ is an important coenzyme in the metabolism of carbohydrates and proteins and it also involved in neuromuscular excitability. Deficiency, when it occur

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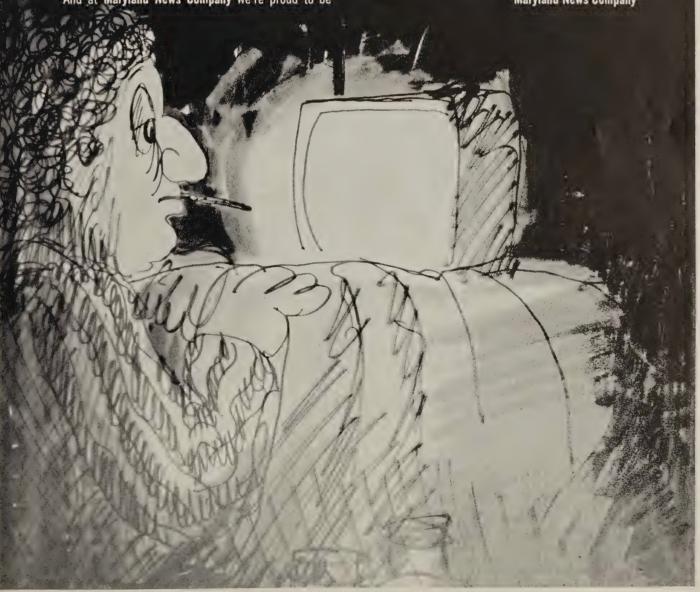
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causes tremor, disorientation, hyperactive deep reflexes and convulsions. Symptoms will respond to intramuscular doses of magnesium sulfate. Deficiency can be produced by vomiting, diarrhea, chronic alcoholism, enterostomy drainage, impaired absorption, and parenteral administration of magnesium free solutions over an extended period of time.

Potassium presents the greatest concern. Even though its concentration in extracellular fluid is small, it is quite critical; and there is little or no hormonal control to prevent its loss from the body. Daily intake of potassium is required. Deficit will occur in only two or three days if there is no ingestion. Most of the body's potassium is within the cells (4000 mEq.) Only about 70mEq. are found in the extracellular fluid. There is a continuous exchange between intra and extracellular potassium. For proper cell function the high concentration of potassium is necessary, but potassium will not move into the cells if azotemia is present or if there is a deficiency of dextrose or insulin. The kidneys are the major route of usual potassium loss from the body and diuretics may increase potassium loss even in the presence of a body deficit. A potassium deficit may exist either intra or extracellularly. Paradoxically, a deficit in the cells may coexist with an excess of potassium in the extracellular fluid: or a deficit extracellularly may coexist with an excess of potassium in the cells, the final controlling factor being renal excretion. The extracellular fluid is the avenue by which potassium reaches and leaves the cells and the kidneys. Aldosterone conserves body sodium at the expense of potassium, which is excreted.

Potassium deficit can occur in a great variety of conditions. It may result from excessive loss of potassium from the body under the following conditions:

Medical Therapy: Diuretics, excessive lactation, repeated enemas, ion exchange resins, low sodium diets, potassium free parenteral solutions.

Surgical Therapy: Ileostomy, colostomy, uterosigmoidostomy, intestinal resection, gastric or intestinal drainage.

Trauma: Massive destruction of tissue, severe burns, wound exudation.

Metabolic Diseases:

1—Aldosterone excess as in nephrosis, cirrhosis, congestive heart

- failure, or hypertension due to adrenal tremors.
- 2—Stress syndrome Physical or emotional
- 3—Diabetes insipidus
- 4—Uncontrolled diabetes mellitus—diabetic acidosis
- 5—Aminoaciduria
- 6—Alkalosis
- 7—Cushing's syndrome
- 8—Massive breakdown of body protein

Intestinal Diseases: Ulcerative colitis, diarrhea, intestinal fistula.

Renal Disease: Tubular acidosis, nephrosis (Diuretic Stage).

Excessive Perspiration: High temperatures, vigorous exercise.

Potassium deficit may result from increased use by the body as in the healing phase of burns or trauma, recovery from diabetic acidosis, or hyperinsulinism. In addition, deficit may follow reduced intake associated with poor nutrition, nausea, anorexia, acute alcoholism, disease, or therapeutic starvation.

Symptoms of potassium deficit in the extracellular fluid include generalized weakness and fatigability, diminished reflexes, soft flabby muscles, weak pulse, faint heart sounds, falling blood pressure, increased sensitivity to digitalis, shortness of breath, shallow breathing, vomiting, ileus, mental clouding and depression. Laboratory findings including alkalosis resistant to chloride administration or acidosis resistant to bicarbonate or lactate administration, plasma potassium below 3.5 mEq./L., and electrocardiographic changes that show flattening or inversion of the T-wave along with depression of the S-T segment. In the case where there is a persistant hypochloremic alkalosis, there is probably an intracellular potassium deficit involved.

An excess of potassium in the extracellular fluid may be caused by impaired excretion due to renal failure or adrenal cortical insufficiency; may reflect an acidotic state; may be a result of cellular loss caused by trauma, hypoinsulinism or hypoglycemia; or most often, by the too rapid administration of potassium rich parenteral solutions. Sound kidneys will eliminate the excess if time permits. Keep in mind that if the excess is caused by leaking of cellular potassium, later

during recovery potassium will be needed to replace the amount lost. If this is not administered an extracellular deficit will occur.

Symptoms of extracellular potassium excess include diarrhea colic, irritability, nausea, weakness, dizziness, muscle cramps and pain. Laboratory findings show plasma levels above 5.6 mEq./L. and EKG tracings with high-peaked T-waves and depressed S-T segments. If the levels becomes high enough the heart will stop in diastole.

TREATMENT OF MEDICAL PROBLEMS INVOLVING FLUID AND ELECTROLYTE BALANCE

Dehydration is a depletion of body fluid volume caused by reduced intake or increased loss, or a combination of both. Reduced fluid intake could be associated with a shortage of available fluid (the man on the desert) or disinterest in food often seen in illness. Increased fluid loss could be associated with sweating, vomiting, diarrhea, surgical drainage, stomach suction, or diabetes insipidus (insufficient antidiuretic hormone). Symptoms include lassitude, dry skin and mucous membranes, oliguria, acute weight loss, elevated hemoglobin and hematocrit. Treatment requires replacement of fluid not just water (see water intoxication below). The principle requirements are water, Na+, and K⁺. Ideally, serum sodium and potassium determinations should be performed to determine exact electrolyte requirements. Lactated Ringer's Solution (contains Na+, K+, Ca++; plus Cl-, and lactate-) is close to the normal ratio concentration and offers a good quick treatment. Even Normal Saline (Sodium Chloride, Isotonic Solution) will supply temporary aid if the other electrolyte needs are met within a reasonable time.

Perhydration or Edema is an excess of body fluid volume caused by a reduced loss (as in congestive heart failure or impaired kidney function) or an excessive intake too rapid for kidney control (such as too rapid administration of Lactated Ringer's Solution or Normal Saline). Symptoms include puffy eyelids, moist rales in the lungs, pitting edema, rapid weight gain, decreased hemoglobin and hematocrit. Treatment involves decreasing intake of water and electrolytes, and/or suitable diuresis.

Electrolyte deficit or water intoxication indicates a reduced concentration of electrolytes usually associated with a replacement of lost fluid by



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water alone, such as drinking of large quantities of water after profuse sweating, or administering of non-electrolyte solutions (such as D5W) in treatment of dehydration. The principle depletion is of Na+ and Cl- and immediate replacement of them is necessary. The other ions must also be replaced but are not as critical in this situation. Symptoms are those listed under sodium above and include apprehension, abdominal cramps, and diarrhea. Laboratory studies will show plasma sodium levels below 137 mEq./L. and a urine specific gravity usually below 1.010. The goal of therapy is to reestablish normal osmolarity by raising electrolyte concentration, particularly Na+ and Cl-, guided by the plasma sodium level. Hypertonic sodium chloride (3% or 5%) solutions can be infused intravenously at a rate of 1 ml./square meter of body surface/minute. Not more than 300 ml. in a 4 hour period. The patient must be carefully watched. Plasma chloride and bicarbonate levels should be determined to ascertain if more of the 3% or 5% sodium chloride is needed.

Electrolyte excess results from rapid and excessive water loss, for example through rapid and deep breathing in acute tracheobronchitis, or rapid absorption of large quantities of electrolytes (particularly Na+) without compensatory water intake such as drinking of sea water or administering too much hypertonic saline in treating electrolyte deficit. Symptoms include excitement progressing to mania; dry, sticky mucous membranes; and oliguria. Laboratory studies show plasma sodium level above 147 mEq./L. and urine specific gravity above 1.030. Intravenous administration of hypotonic sodium chloride (0.45% or 0.2%) may be used to dilute and supply needed water. Provision should be made to supply obligatory amounts of other electrolytes.

Plasma to Interstitial Fluid Shift of Extracellular Fluid, also known as shock or hypovolemia, involves the shifting of water and/or electrolytes from the vascular space into the interstitial space. The shift reduces vascular volume and interferes with cirapprehension, producing culation weakness, cold extremities, localized swelling, low blood pressure, pallor, tachycardia, and unconsciousness. If the shift is localized as in a sprained ankle or a fractured femur, the accumulation of interstitial fluid will be obvious. Other clinical causes of this shift include traumatic injuries that

disturb capillary wall integrity; such as burns, scalds, fractures, crushing injuries, peritonitis, pleuritis, dermatoses, occlusion of large arteries, intestinal obstruction, and thrombosis of large veins. Accumulation of ascitic fluid which follows abdominal paracentesis is another example. Goals of therapy are to restrict the shift by pressure binding or shock positioning, and to maintain or restore plasma volume. This is accomplished by parenteral administration of plasma, plasma protein solutions, dextran solutions or electrolyte solutions. If kidney depression is present, normal saline may be used initially. Measurement of hemoglobin systolic blood pressure, and urine flow are valuable in regulating therapy. Vascular collapse and heart failure are potential complications and will require oxygen and heart stimulants for treatment.

Interstitial Fluid to Plasma Shift is the reverse phenomenon. One cause is compensatory shift of interstitial fluid to plasma as a result of loss of blood. A second cause is a rapid shift that occurs following a plasma to interstitial fluid shift. Such a rebound as may occur in severe burns cannot be entirely prevented; but if the shift results from excessive administration of plasma, plasma protein solutions, dextran, or hypertonic solutions, it could have been prevented by more conservative treatment of the original plasma to interstitial fluid shift. The overabundance of large molecules draws fluid by osmosis back into the vascular space. The fluid dilutes the blood cell concentration and may overload the circulatory system. Symptoms will include some of the following: weakness, air hunger, bounding pulse, moist rales in the lungs, cardiac dilation, engorgement of peripheral veins, and ultimately ventricular failure. Transfusion of packed red blood cells may be required; and if the vascular overloading becomes critical, amount of blood returning to the heart should be reduced by application of venous tourniquets or by venous bleed-

Potassium Deficit (hypokalemia) and its causes has already been discussed. The goal of therapy is to correct the deficiency. Diagnosis of the cause is necessary because the total potassium requirements depend upon the degree to which intracellular potassium has been affected. Since we cannot assess the status of cellular potassium stores directly, we attempt to learn about them by considering what is happening to potassium in the ex-

tracellular fluid. If the cause of the deficit is reduced intake or increased loss, oral potassium chloride liquid supplements may be used or parenteral solutions containing 3% potassium chloride (40 mEq./L.) in 10% dextrose or invert sugar, with or without 0.45% sodium chloride may be used. Darrow's solution (Lactated Potassic Saline) 35 mEq./L., is of particular value in replacing deficits caused by diarrhea in infants and children. For mild deficits or to prevent deficit in routine parenteral therapy, Ringer's solution or Ringers Lactate solution may be used. Ringers solution contains physiological amounts of K⁺, Na⁺ and Ca⁺⁺ with an excess of Cl⁻ for use in alkalotic patients. Ringers Lactate contains physiological amounts of Clwith the anionic balance composed of lactate, which the body can convert to bicarbonate. Ringer's Lactate solution is near normal body pH. For concentrated replacement of large cellular deficits, concentrated additive vials of potassium chloride are available for addition to parenteral solutions. These vials contain 10, 20, 30 or 40 mEq. of K+ and Cl-. Replacement must proceed slowly and may take 5 to 7 days. Rate of administration is limited by the rate of uptake by the cells. Caution is required to prevent extracellular levels from rising to dangerous levels, which are not much above the normal level. At least 50 mEq. of potassium are required daily to offset obligatory loss. If kidney function is adequate, potassium chloride in a concentration of 40 mEq./L. may be administered at a moderate rate. Concentrations greater than 60 mEq./L. may irritate and damage veins.

Potassium excess (Hyperkalemia) in the extracellular fluid has been discussed. The goal of therapy is to eliminate the excess. In uncomplicated cases with good kidneys, the intake of K⁺ is avoided until the excess is eliminated. In more serious cases other treatments may be used according to the state of the patient. These methods include:

- Potassium free diet in chronic renal disease or adrenal insufficiency.
- Oral or intravenous sodium chloride combined with low potassium diet will increase potassium loss through sound kidneys.
- 3) Intravenous insulin and dextrose causes migration of K⁺ into cells.

- 4) Dialysis, peritoneal or hemodialysis.
- Drugs such as testosterone, desoxycorticosterone mineralcorticoid effect. Carbonic anhydrase inhibiting diuretics—remove bicarbonate too.
- 6) Ion exchange resin Sodium Polystyrene Sulfonate (Kayexalate) Exchanges Na⁺ for K⁺ in the intestines and carries the K⁺ away in the feces.

Calcium Deficit must be treated to eestablish normal fluid levels of ionzed calcium, by correcting the underying clinical problem. A 10% solution of calcium gluconate may be inected to treat tetany and other acute ymptoms. Oral calcium will correct nany chronic deficiencies. In hypoarathyroidism the calcium deficit is ften associated with hyperphosphatenia (HPO₄=) 2.6mEq./L.). A balanced ion solution, phosphorous free, nay be administered to raise Ca++ eciprocally by reducing HPO₄=.

Calcium Excess treatment aims at orrecting the cause, (e.g. parathyoidectomy reduced vitamin D intake, tc.) Parenteral solutions used in the atient should be free of calcium and chosphate.

Magnesium Deficit treatment reuires awareness and recognition of he far-reaching clinical manifestations that are caused by insufficient upply or excessive loss. Magnesium ulfate injection 50%, will supply bout 40mEq. of Mg⁺⁺ in each 10 al., and is recommended for treating cute symptoms. Radical resection of he intestines may cause a chronic talabsorption problem necessitating eriodic parenteral administrations of nagnesium sulfate. Magnesium reuirements of long term patients need to be assessed and provided for.

Bicarbonate Deficit, or metabolic aciosis reflects a reduction in bicarbon-

ate level from one of three general causes, increased level of organic acids, increased level of chloride, or excessive loss of bicarbonate. The goal of therapy is to provide bicarbonate ions, promote excretion of non-bicarbonate anions, and correct the condition responsible for the acidosis. Treatment of the deficit requires provisions of generous quantities of fluid with common electrolytes to repair the fluid volume deficit that accompanies metabolic acidosis. Carbohydrates for fatfree energy are also required.

Bicarbonate Excess (metabolic alkalosis) requires provision of anions which can be retained by the body in place of bicarbonate, e.g., chloride. Since hypokalemia is associated with hypochloremia, potassium must be administered also. The best choice is a balanced ion solution or Ringers Solution. For severe alkalosis, ammonium chloride injection may be used for immediate effect.

Carbonic Acid Deficit (respiratory alkalosis) treatment aims at correction of overbreathing. Parenteral therapy is secondary and attempts to aid kidney compensation or reduction of bicarbonate levels. Ringer's solution is best. Calcium gluconate may be needed to combat tetany.

Carbonic Acid Excess (respiratory acidosis) is treated primarily by improving CO₂ blow-off. Parenteral solutions are of secondary value. Their purpose is to increase bicarbonate levels for compensation. Sodium bicarbonate, or organic acid salts that can be converted to bicarbonate by the body are used. Lactates, gluconates, citrates may be used. Ringer's Lactate solution is useful.

Importance of the Patient's Nutritional Status Calories, vitamins, electrolytes, and protein must be supplied to meet the body's needs and shorten the convalescent period. These can be administered parenterally if necessary. Protein Deficit begins when the intake is less than the body's minimum needs. The clinical history of protein deficit will involve reduced intake, increased loss, or impaired utilization. Conditions include hemorrhage, infection, starvation, burns, fractures, draining wounds, decubitus ulcers, surgery, nephrosis, nephrotic syndrome, hyperthyroidism, malignancy, and gastrointestinal disease. Symptoms include chronic weight loss, depression, pallor, fatigue, and soft flabby muscles.

Treatment involves improved diet, or parenteral feeding.

A new concept gaining in popularity is intravenous hyperalimentation, or total parenteral feeding. Solutions of protein hydrolysate with high concentrations of dextrose to make the caloric content 1 calorie/ml. are used with electrolytes and vitamins added according to the needs of the patient. These solutions are prepared by the pharmacist under sterile conditions. They are administered via a venous catheter in the subclavian vein or vena cava.

We have briefly skimmed the surface of the internal sea. If your interest has been aroused, you can obtain more authoritative and specific information in textbooks on physiology, biochemistry, and medicine.

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Caution Advised In Use Of Irrigating Fluids

Recent bacteriologic sampling programs of comnercially produced irrigating solutions with screw cap losures have revealed microbial contamination of the lass thread area and the cap components in some of the ots tested. Occasionally, the fluids themselves have been ound to be contaminated. No human health problems ave been reported.

The FDA is now working with the manufacturers f these products to develop a closure system which can e used for such fluids and which will be free of this po-

tential problem. Physicians and hospital personnel will be kept advised.

In addition to usual aseptic technique, the following precautions are recommended when using such solutions with screw top closures:

- Do not use intravenously;
- Do not strike bottle caps to open; discard if not opened easily;
- Do not replace caps;
- Use solutions immediately on opening. Discard unused portion.

Washington Spotlight For Pharmacists by APhA Legal Division

The Food and Drug Administration has promulgated the first of a series of regulations implementing the Poison Prevention Packaging Act of 1970. The Act empowers FDA to require that certain drugs and other substances commonly found within the household be packaged in safety closure containers.

FDA Commissioner, Charles E. Edwards has determined that all products containing aspirin present a serious threat to the safety and well-being of children in standard packaging and has ordered that they be packaged in special packaging (safety closures) to protect the children from personal injury from using or ingesting the products.

Effective August 15, 1972, pharmacists will be required to dispense all aspirin containing prescription drugs in safety packaging unless the prescribing physician has directed otherwise or the patient has specifically requested that a standard prescription container be used.

Pharmacists should exercise caution when preparing packages to be used in institutions. If there is any chance that the repackaged prescription or over-the-counter aspirin containing drug may be delivered to a consumer for use or storage in the household, it should be packaged in a safety closure container. The responsibility for packaging of drugs in accordance with the child protection standards rests with the individual dispensing the drug.

Aspirin containing products are the first category of drug products to be regulated under the Act. FDA has proposed regulations which would require safety closures for all drugs subject to the Controlled Substances Act, as well as liquid methyl salicylate preparations. FDA also is currently considering a proposal which would require that all prescription drugs be dispensed in safety closure packaging.

A pharmacist who has dispensed a drug in a container which does not comply with the safety closure packaging standards may be required to demonstrate that the prescriber has directed that a standard container be used. For oral prescription orders, pharmacists should record these instructions on the original prescription as a matter of regular practice.

If a patient specifically requests that a prescription be dispensed in a standard container, a pharmacist may do so. Pharmacists dispensing drugs requiring safety packaging in standard prescription containers should have the patient sign a request that a standard container be used. This request may be written on the prescription order itself or on another type form appropriate for this purpose.

All safety closure containers, as are the standard prescription containers, are required to meet all the USP and NF standards with regard to packaging closures, Additionally, unit dose packages are subject to the child protection packaging standards.

FDA has determined that the effectiveness of child resistant containers may be compromised once removed from the pharmacy and has prohibited the reuse of the containers. The Act requires pharmacists to dispense only in new safety packages.

The Academy of General Practice of the American Pharmaceutical Association has formed a Task Force On Prescription Containers to assist pharmacists in complying with the provisions of the Poison Prevention Packaging Act.

The Task Force will provide information to the profession on available sources of child resistant safety packages, review problems practitioners may encounter with specific containers, and act as a national clearing house for pharmacists for container information.

Pharmacists, as well as other interested persons may direct all inquiries or comments concerning safety pack aging to:

> Task Force on Prescription Containers American Pharmaceutical Association 2215 Constitution Avenue, N.W. Washington, D.C. 20037

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Why Are Special Precautions Necessary When Dispensing Nitroglycerin?

by Ralph F. Shangraw, Ph.D., Professor of Pharmacy, University of Maryland, School of Pharmacy

During the past two years, it has become increasingly obvious that unexplained patterns of therapeutic response from sublingual tablets of nitroglycerin may well be due to a failure to properly package and store nitroglycerin at all levels of distribution (1, 2, 3, 4). In spite of numerous warnings in the medical, pharmaceutical and lay press, instances are still occurring wherein patients are receiving improperly packaged nitroglycerin tablets and not receiving proper directions for their storage during use. These failures could result in death. The United States Pharmacopeia has now proposed a monograph change which will prohibit the repackaging of nitroglycerin tablets by the pharmacist and require proper precautionary labeling to the patient. However, the institution of these changes will take time.

Meanwhile, the problem continues to exist. Just recently, our laboratory at the University of Maryland School of Pharmacy, analyzed nitroglycerin tablets which had been dispensed three months earlier in a clear, plastic vial with the label placed inside the bottle. The tablets contained 16% of labeled potency. What's more, nearly 4000 micrograms (equivalent to the active ingredient in 10 tablets) was recovered from the label. Previous work has shown that nitroglycerin is also sorbed into plastic vials, (3).

In addition, we have been carrying on experiments in which small numbers of fresh nitroglycerin tablets were packaged in a tight, screw-cap, glass vial with a large amount of filler such as cotton. (Five 0.4 mg. tablets and 1 gram of filler) After one week, the tablets packed with absorbent cotton assayed at about 25% of labeled potency. Although the conditions are extreme, they could duplicate what happens when patients carry a small number of tablets on their person and leave the original container at home. When placed into vials with nitroglycerin tablets, aspirin tablets were found to absorb significant amounts of nitroglycerin. (Two aspirin tablets sorbed 200 mcg. in one week.) It is not uncommon for patients to place more than one type of tablet in a single "pill" container. Until the new packaging regulations proposed by the U.S.P. are put into effect, all physicians and pharmacists should observe the following procedures:

- (1) Package nitroglycerin tablets only in glass vials with screw caps. Never use plastic prescription containers.
- (2) Never place a label inside the container.
- (3) Use none or only small amounts of filler in packaging nitroglycerin tablets.
- (4) Caution patients to never transfer nitroglycerin tablets to other containers and never place other types of tablets into a vial containing nitroglycerin tablets.
- (5) Never strip package nitroglycerin tablets.

Nitroglycerin is an unusual drug which has a significant vapor pressure which causes it to volatilize and leak from non-tight containers or absorb onto or into packaging material. The new product, Nitrostat, by Parke-Davis, reduces this problem but does not eliminate it, particularly when proper storage conditions are grossly unheeded.

It is unfortunate that the problems involved in the improper packaging of nitroglycerin tablets were not identified and corrected sooner. Certainly this past ignorance should not be allowed to jeopardize the medical care of a single patient from this day forward.

- (1) Richman, M.D., et al., J. Pharm. Sci., 54, 447 (1965)
- (2) Banes, D., J. Pharm. Sci., 57, 893 (1968)
- (3) Edelman, B., J. Am. Pharm. Assoc., NS 11, 30 (1971)
- (4) F.D.A. Drug Bulletin, Feb. 1972.

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a sister, Mrs. Sarah Foxman.

Mrs. Marsha Schwan of Norfolk; and

Samuel Solomon

Samuel Solomon, 75, MPhA and BMPA member and twin brother of

Simon Solomon, died on February 1,

versity of Maryland School of Phar-

macy. Together with his brother he at

one time operated three pharmacies

Arex Club and the Baltimore Hebrew

Mr. Solomon was a member of the

He is survived by his wife, Sara; a son, Dr. David Solomon; a daughter,

He was a 1925 graduate of the Uni-

Howard C. Johanson, 76, retired vice president of the Henry B. Gilpin Wholesale Drug Company, died on February 29, 1972. He was a member of the Traveler's Auxiliary of the Maryland Pharmaceutical Association.

Thomas A. Strohm

Thomas A. Strohm 3rd, 58, president of the Leidy Chemical Corporation, died on February 19.

Kenneth A. Bonham

Kenneth A. Bonham, 68, former president of the Emerson Drug Company, died on February 28 after a long illness.

In The News . . .

DOUGLAS G. CHRISTIAN, Deputy Chief, Patient Care Pharmacy Service, USPHS Hospital, Baltimore, has been chosen as the eight recipient of the American Pharmaceutical Association Military Section Literary Award. Mr. Christian's article: "Drug Interference with Laboratory Blood Chemistry Determinations," published in the American Journal of Clinical Pathology in July, 1970, was judged to have been the best original contribution by a member of the Military Section to the pharmaceutical literature during the period July, 1970-December, 1971.

WILLIAM STARK, graduate student at the University of Maryland School of Pharmacy, has been selected as Joppatowne's "Outstanding Young Man of The Year" by the Joppatowne Jaycees. Mr. Stark has been active in recreation, tutoring and other cultural

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programs for children. He was awarded the Outstanding Citizen of Harford County Award for 1971 by the local Omega Psi Phi Fraternity for his contributions to the youth of Harford County.

MAX TISHLER, Ph.D., current President of the American Chemical Society, will be invested with Hon orary Membership in the American Pharmaceutical Association at its 197 Annual Meeting in Houston. He ha contributed significantly in the field of medicinal chemistry, having more than 100 patents and published more than 100 papers.











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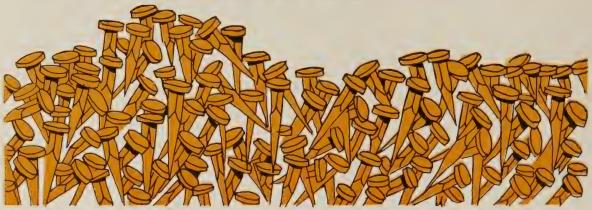




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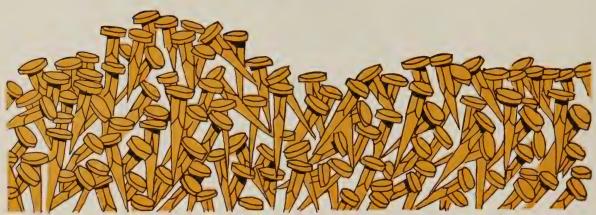
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Editorial . . .

All From One Meeting

The meeting started a little late as usual. There were about 25 pharmacists in the room with a few more trickling in as the program got under way. The program chairman introduced the first speaker, a member of the faculty at the School of Pharmacy. The speaker explained a new program recently begun at the School of Pharmacy, the Anonymous Drug Analysis Center. We learned the reasons why the new program was launched. Street pushers were misrepresenting their products which quite often were found to be adulterated. The speaker pointed out the psychological impact on a user who experiences unexpected effects from a drug and the difficulty of treating emergency cases when the drug's identity is unknown or falsely reported. Well meaning investigators were publishing articles about the effects on users of abuse drugs without actually assaying the drugs for correct identification. Speakers were presenting talks on drugs before groups of young people sometimes unknowingly presenting facts based on incorrect information and potentially destroying their credibility. As we listened we thought how fortunate we were that our School of Pharmacy had the caliber of people needed to initiate and carry out the many new and exciting programs we have seen come out of the School in the past few years.

A second speaker was introduced. The Medical Director of a Health Maintenance Organization Medical Plan explained the HMO concept to the group and went into some of the aspects of his Plan. After he finished his presentation, he asked for questions. Way back in the room a pharmacist raised his hand. He had many questions to ask the Medical Director. His pharmacy is located in the vicinity of the Medical Plan. Many of his former patients have signed up with the plan not knowing that in signing, they were committing themselves to having their prescriptions filled at the Medical Plan's pharmacy. The Medical Director indicated that there was freedom of choice involved in that the people were free to make the decision of whether to sign up for the Plan or not. He readily admitted that most of the people who signed up for the plan didn't know what they were signing up for.

As the discussion progressed and the intensity escalated it became obvious to the group that there were many problems that could develop between HMO's and Pharmacy as the vast proliferation of HMO's that is predicted becomes a reality, particularly if there is an absence of dialogue between the groups involved. Anticipated as an outcome of present legislation before congressional committees is an authorization statute that will allow individual HMO's a wide latitude in determining how pharmacy services will be provided. This is why the Pharmaceutical Services Foundation of Maryland (originally the Maryland Pharmaceutical Service Corporation) initiated by the Maryland Pharmaceutical Association will play an important role in negotiating pharmacy service.

Another problem brought out was the fact that an on-site pharmacy under the control of the Plan can dispense under a formulary concept thus stocking one brand of a drug in instances where several manufacturers market the same product thereby resulting in economic benefits from reduced inventory and quantity purchas-

ing. Thanks to the efforts of the MPhA, this advantage will soon be available to all pharmacies and, at least for the present time, will apply to a major portion of prescription volume.

Next on the program was a report from the group's publicity chairman. During Poison Prevention Week, March 19-25, the association received much television and radio publicity, there were flyers on poison prevention distributed and seven member pharmacists appeared on seven different radio and television programs presenting poison prevention information.

Following this report, the legislative chairman of our state organization reported on the outcome of sixteen bills directly affecting Pharmacy in the State. The results were impressive. Our state association had really come through for us. Eleven of the sixteen bills would have adversely affected Pharmacy and all eleven were defeated. Most of the five bills that were successful were enacted because of our state organizations efforts behind them.

As the meeting came to a close, we felt that it had been a worthwhile evening. We had attended a meeting of our local pharmacy association and had been brought up to date on current developments. The only thing that puzzled us was why there weren't more pharmacists present.

-Normand A. Pelissier



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University of Maryland School of Pharmacy

School of Pharmacy Alumni Association

The Annual Alumni Dinner of the University of Maryland School of Pharmacy Alumni Association was held on March 9, 1972 at the Eudowood Gardens. Guest speaker was Dr. David Blake, Associate Professor and Chairman, Department of Pharmacology and Toxicology, University of Maryland School of Pharmacy. Dr. Blake presented a slide talk on the physician-pharmacist-patient relationship.

The 46th Annual Graduation Banquet will be held on Wednesday, May 31, 1972 at the Eudowood Gardens. There will be a cash bar from 6:00 p.m. to 7:00 p.m. preceding the dinner at 7:00 p.m.

Eleven members of the class of 1922 will be presented with 50-year commemorative pins. The eleven members are: Marvin Jackson Andrews, George W. Berger, Howard Lee Gordy, William M. Gould, Leroy Savin Heck, Max A. Krieger, Mrs. Jennie Kroopnick Leberman, Andrew Tolson Lyon, Reuben Bowen Moxley, William August Ruff, and Mrs. Virginia Somerlatt Radcliffe.

The Honored Alumnus Award will be presented to John Burr Frosst, graduate of the 1920 class. The award will be presented by Dr. John C. Krantz. Reservations can be obtained by contacting Mr. Charles Tregoe at 655-4741 or 383-2730.

Any member who is interested in serving on the Public Relations Committee of the Alumni Association should contact Mr. Marvin Goldberg, 8521 Glenn Michael Lane, Apt. 2, Randallstown, Md. 21133.



Guest Speaker Dr. David A. Blake

Photos by Paramount Photo Service



MPhA Executive Director Nathan I. Gruz receiving check towards Swain Model Pharmacy from Alumni Association President Anthony G. Padussis.



Dean William J. Kinnard, Jr. receiving check for improvements to Poison Control Center from Alumni Association President Anthony G. Padussis.

PHARMACY STAMP DATE SET

The U.S. Postal Service has announced that the 8c pharmacy commemorative stamp of the Partners in Health series will be issued on November 10 at Cincinnati, Ohio. Also, to be released at a later date, is an 8c issue commemorating osteopathic medicine.

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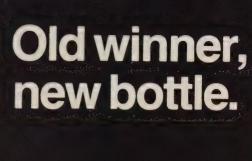
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Maryland Board of Pharmacy News

- NOTICE -

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacist at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore, Maryland.

On Monday and Tuesday June 12 and 13, 1972

The examination will begin at 8:00 a.m. each day. Applications must be in the hands of the Board by Friday, June 2, 1972.

Pharmacy Changes

The following are the pharmacy changes for the month of March:

New Pharmacies

None.

No Longer Operating As Pharmacy

Colonial Pharmacy of St. Michaels, Inc.; Joseph L. Combs, Jr., President; Talbot and Chestnut Streets, St. Michaels, Maryland 21663.

Lawson Nursing Home Service, Inc.; Alfred M. Lawson, President; 6005 Landover Road, Cheverly, Maryland 20785.

Richard's Pharmacy, Benjamin S. Levin, 6300 Eastern Avenue, Baltimore, Maryland 21224.

Eldridge's Pharmacy, Edward C. Lambdin, Jr., President; 7200 North Point Road, Baltimore, Maryland 21219.

Changes Of Ownership, Address

Beacon Pharmacy, Stanley J. Yaffe, President; 7403 Liberty Road, Baltimore, Maryland 21207.

NABP 1971 Pharmacy Statistics

The latest information from the National Association of Boards of Pharmacy compiled from individual state boards of pharmacy shows that there were 129,287 pharmacists in practice last year. Of this figure, 82.3 per cent were employed in retail pharmacies, 9.2 per cent in hospitals, 3.6 per cent in manufacturing and 4.9 per cent in miscellaneous government and teaching positions. Women comprised 9.0 per cent of pharmacists in 1971 compared to 8.2 per cent in 1969.

The ratio of pharmacists per 100,000 population was highest in Massachusetts (85.6 per 100,000) followed by Pennsylvania (85.3), Oklahoma (84.2), District of Columbia (83.6) and Connecticut (81.1). This ratio was lowest in Hawaii (28.8), preceded by Alaska (35.9), North Carolina (41.1), Virginia (44.5), New Hampshire (45.6) and Delaware (45.8 per 100,000).

Coronary Vasodilator Efficacy

Long-acting coronary "vasodilators," widely-prescribed in the management of angina pectoris, will require extensive study as a result of a National Academy of Sciences/National Research Council report questioning the quality of evidence on the drugs' effectiveness.

The NAS/NRC panel, after evaluating all available evidence about the drugs, concluded:

- Isosorbide dinitrate tablets, when administered by the *sublingual* route, are "probably" effective for the treatment of attacks of angina pectoris and for prophylaxis in situations likely to provoke such attacks.
- The same drug, isosorbide dinitrate tablets, is only "possibly" effective for the same indications when administered orally (swallowed).
- Extended action or conventional oral dosage forms of pentaerythritol tetranitrate, trolnitrate phosphate, and mannitol hexanitrate—alone or in combination with other drugs—are "possibly" effective for the treatment or prevention of anginal attacks.
- Sustained action nitroglycerin tablets are "possibly" effective for the treatment or prevention of anginal attacks.

At this point, it is well to restate what these NAS/NRC ratings means. Probably effective signifies that for a particular indication, the available evidence indicates that a drug probably accomplishes its proposed effect, but that additional evidence is required before the drug can be deemed "effective" beyond reasonable doubt. Possibly effective signifies that little evidence of effectiveness for the given indication has been obtained. The possibility that adequate supporting evidence might be developed should not be ruled out, however.

FDA recognizes that these drugs are widely regarded by physicians as safe and useful in the management of angina pectoris in some patients. It also recognizes the difficulty of designing and executing controlled clinical studies for anti-anginal drugs. For these reasons, the Agency will allow manufacturers sufficient time to complete the required studies and the drugs will continue to be marketed during that time. FDA will keep physicians informed as the studies develop.

On the basis of the NAS/NRC panel's conclusion, physicians may wish to reevaluate the role of long-acting coronary vasodilators for their patient.

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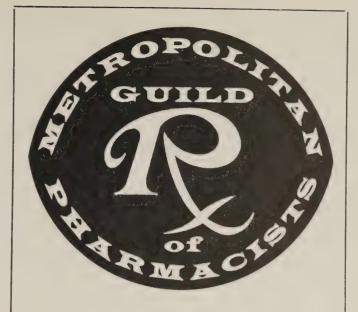
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UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY ALUMNI ASSOCIATION

Wednesday, May 31, 1972

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1267 Eudowood Plaza

Baltimore, Maryland

ALL PHARMACISTS AND FRIENDS INVITED TO ATTEND

6:00 p.m. CASH BAR — 7:00 p.m. DINNER

TICKETS \$9.00 per person

CONTACT: Mr. Charles Tregoe 3 Burr Oak Ct. Randallstown, Md. 21133 655-4741 or 383-2730

Baltimore Metropolitan Pharmaceutical Association

President's Message

The Executive Committee of the Baltimore Metropolitan Pharmaceutical Association met on March 6 with Chairman Irvin Kamenetz presiding. One of the items of business was the approval of committees as appointed by President Dorsch. President Dorsch requests that the chairmen call meetings of their committees so that they may start functioning for the good of the association. Any member that has been overlooked in these appointments and that is interested in committee work should call Executive Secretary Gruz or myself and we will see that you are appointed to the committee of your interest. It is said, "if you are involved, you can complain; if you are not involved, tell it to a mirror."

Many of our committees have been active as is evidenced by the caliber of the work of Melvin Rubin and his program committee, the increase in membership as a result of the labors of Ronald Lubman's committee and Charles Spigelmire's success in getting every public media involved in Poison Prevention Week.

Our President Elect, Paul Freiman, has been a busy man about Annapolis as Chairman of MPhA's Legislative Committee, and the results of this year's legislative session tell us that he has done a very good job with the many bills introduced for or against our interests.

The MPhA House of Delegates met at the Spring Regional Meeting in Annapolis on March 16 and while we were represented by twelve of our delegates and five alternates, I believe attendance should have been better as we are entitled to 22 votes. I implore our delegates and alternates to make an effort to attend all MPhA conventions and meetings and to let the office know when they cannot attend so that we may inform our alternates accordingly. Twenty-two is the number—we want 100 per cent representation.

-Joseph U. Dorsch

T.A.M.P.A. NEWS

Bernie Lee's Penn Hotel was the site of the April 6 "Pre-Convention" meeting of the Traveler's Auxiliary of the Maryland Pharmaceutical Association. Guests included Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association.

The annual "Ladies Nite" will be held on June 14, 6:00 p.m. at the Greenspring Inn. Dancing music will be provided by Bert Blizzard and his Orchestra.

Rubber "C" stamps and red inked pads are still available from the MPhA office at \$1.00 for each item. Check should accompany order.

L.A.M.P.A. NEWS

The Spring Regional Meeting of the Ladies Auxiliary of the Maryland Pharmaceutical Association was held at the Annapolis Hilton, in Annapolis, Maryland on Thursday, March 16, 1972.

Our LAMPA ladies joined the men attending the MPhA Spring Meeting for lunch. Immediately following lunch, we had an armchair tour, via color slides, of quaint and historic Annapolis. We were lead down the narrow, colonial streets by a guide from Historic Annapolis, Inc., a group that is working to learn more about and preserve historic structures in the area. While many of us had seen the places shown, we were unfamiliar with the interesting anecdotes and amusing details surrounding them. Somehow, hand polished brick and intricate crystal chandeliers take on new meaning when you learn about the people they were meant to protect and make happy, that never shared the home, built especially for them. On a contemporary note, we heard about pay-offs for aerial view rights, even in colonial times. We are fortunate to live close to Annapolis, so that we can return, this time to see the well-known landmark with a more-knowing eye.

Our business meeting, presided over by our president Dora Rockman, was short. All reports were approved and plans were being formulated for our annual Convention, scheduled for May 7-8-9, at the Washingtonian Motel, in Gaithersburg, Maryland. Watch your mail for further details.

—Ann Crane Communications Secretary

New Members

The following is a list of the new members approved at the March 9, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association.

Raymond Borland, Colora
Melvin Floyd, Funkstown
Douglas Holtschneider, Baltimore, Snyder Pharmacy
Max Levin, Havre de Grace, City Pharmacy
George Lichter, Baltimore, J. Weiner Co.
Raymond Lichter, Baltimore, J. Weiner Co.
Wilma C. McLean, Westminster, Carroll County General
Hospital

Douglas Pryor, Baltimore, Johns Hopkins Hospital David Santoni, Baltimore, Gould's Inc. Edward Sears, Kingsville, Kingsville Pharmacy Sidney Shain, College Park, Albrecht's Pharmacy J. F. Snellinger, Elkridge, Elkridge Pharmacy M. Eugene Streett, Bel Air, Boyd & Fulford Pharmacy Bernard White, Baltimore, Pharmacy 4200 Irving Yospa, Randallstown, Drug Fair



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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists

The March 16 meeting of the Maryland Society of Hospital Pharmacists was held at Mercy Hospital. Sister Mary Susan, Assistant Administrator, welcomed the group. Guest speaker was Dr. James Durkan, Chief of Obstetrics and Gynecology at Mercy Hospital. Dr. Durkan explained the use of drugs used to induce ovulation.

New Society members approved at the meeting were: Douglas Mowery, Chief Pharmacist at the Washington Hospital Center; J. R. Owens, District Manager, Parke Davis & Co.; Richard Reikel, Representative, Parke Davis & Co.; Joseph M. Stephenson, Staff Pharmacist, University of Maryland Hospital; Irvin Shure, Chief Pharmacist, Frederick Memorial Hospital; Madelow Streeter, Staff Pharmacist, Veteran's Administration; and James R. Matthews, Representative, McGaw Laboratories.

Also, the following students from the University of Maryland School of Pharmacy, Class of 1972, were accepted: James M. Hill, Young-Mei Lee, Nancy C. Love, David B. Snyder, Donald L. Whipps, and Raymond Morris.

Robert Snyder presented the report of the nominating committee. For President Elect: Thomas E. Patrick, John Newcomb. For Secretary: Vincent dePaul Burkhart, John Motsko. For treasurer: Harry Hamet, Salvatore La-Verde. For Board of Directors—3 year term: Patrick Birmingham, Kent T. Johnson.

Paul Burkhart announced that the next meeting was scheduled for April 13 at Maryland General Hospital. A talk on "Dialysis" will be presented by Dr. Donald Lewers, Head of Nephrology and Director of Medical Education at Maryland General Hospital.

Samuel Lichter, M.S.H.P. liaison representative with the state medical society, discussed the present status of medication technicians in Maryland. He also announced that Paul Alpert, member of the House of Delegates and Winifred Sewell of the Health Sciences Library, would be speakers at the annual seminar in Ocean City.

Mary Connelly announced that Sydney Burgee had been nominated along with Anthony Padussis for President Elect of the Maryland Pharmaceutical Association. Other reports were heard from Charlotte Sholleck, Membership Committee Chairman; Harry Hamet, Seminar Financial Chairman; and Richard Rumrill, Seminar Publicity Chairman.

Regional Meetings Scheduled for Chapter Officers of ASHP

The Council on Organizational Affairs of the American Society of Hospital Pharmacists has developed a plan for conducting affiliated chapter officers' conferences in conjunction with regional hospital associations during 1972. The meetings are structured so as to give Society headquarters feedback on the needs of affiliated chapters and to give the chapters added insight into the activities of the ASHP.

The first such regional gathering occurred at the Maryland-District of Columbia-Delaware Hospital Association meeting last January. Similar programs are scheduled in Boston, Chicago, Anaheim, Atlanta, Minneapolis, Atlantic City, Fort Worth, and Kansas City over the next four months.

American Society of Hospital Pharmacists 1972 Continuing Education Programs

May 31-June 2

Institute on Parenteral Admixtures and Hyperalimentation.

Sheraton-Chicago Hotel, Chicago, Illinois

June 25-28

Institute on Unit-Dose Drug Distribution Systems, The Regency Hyatt House, Atlanta, Georgia

July 16-21

Institute on General Practice of Hospital Pharmacy, Statler Hilton Hotel, Boston, Massachusetts

August 6-9

Institute on Clinical Pharmacy Services, Plaza Inn, Kansas City, Missouri

August 19-September 9

6th International Clinical Study Tour, Israel/Hungary/Portugal

October 1-4

Institute on Self Motivation, Self Development And Interprofessional Relations, Washington, D.C.

December 3-7

7th Annual Midyear Clinical Meeting, Sahara Hotel, Las Vegas, Nevada For more information, contact ASHP, 4630 Montgomery Avenue, Washington, D.C. 20014.

St. Agnes Opens New Coronary Unit

St. Agnes Hospital became the first hospital in the state to introduce a new telemetry system known as Space Labs Apollo/70 in its new coronary care program according to Dr. Raymond D. Bahr, director of the hospital's Coronary Care Unit.

The Apollo/70 system is similar to the one that monitored the heartbeats, temperatures, and respiration rates of astronauts on the moon. Its unique features include: A signal by wave transmission from a pocket-size transmitter on the patient to a monitor at the nurses' station; it allows the patient complete freedom of movement in and out of bed. The system uses computer technology to provide an entirely new ECG monitoring display. Its memory traces show a full eight seconds of data moving across the screen like an illuminated strip chart record, or can be stopped and held indefinitely for detailed view.



PROGRAM

Seventh Annual Hospital Pharmacy Seminar

MARYLAND SOCIETY OF HOSPITAL PHARMACISTS

Carousel Motel

North Ocean City, Maryland June 9, 10, 11, 1972

FRIDAY EVENING, JUNE 9

8:00 p.m.—REGISTRATION

8:30 p.m. to 10:30 p.m.—RECEPTION Meeting Room, Carousel Motor Hotel Entertainment by the "Counterpoints"

SATURDAY, JUNE 10

8:15 a.m.—REGISTRATION

9:00 a.m.—GREETINGS
CLARENCE L. FORTNER, Chairman
Chief, Patient Care Pharmacy Services
National Cancer Institute
Baltimore Cancer Research Center
Baltimore, Maryland

MARY W. CONNELLY, President, Presiding Chief Pharmacist Mercy Hospital Baltimore, Maryland

9:15 a.m.

"Review of Pharmacist Utilization-Status Quo or Expansion" F. REGIS KENNA Director, University of Chicago Hospitals and Clinics Chicago, Illinois

10:00 a.m.

"Utilization of Drug Information On The Home Front"
WINIFRED SEWELL
Coordinator, Drug Information Services
Health Sciences Library
University of Maryland

10:45 a.m.—COFFEE BREAK

11:00 a.m.

"Drug Control-Hospital Pharmacy"
CHARLES TREGOE
Acting Chief,
Division of Drug Control,
State of Maryland Department of Health and
Mental Hygiene

11:45 a.m.—*LUNCHEON* INFORMAL FASHION SHOW

1:15 p.m.
PETER P. LAMY, Ph.D., Presiding
Associate Professor and Director
Institutional Pharmacy Programs,
University of Maryland, School of Pharmacy
"Drug Information For The Health Care Team"
SISTER M. GONZALES, R.S.M., Director
Pharmacy & Central Supply Services
Mercy Hospital
Pittsburgh, Pennsylvania

1:50 p.m.

"Renovation And Design"

GEORGE I. FREEDMAN

Pharmacy Consultant,

Office of Consultation on Hospital Functions

U.S. Dept. of Health, Education and Welfare
Silver Spring, Maryland

2:30 p.m.

"A Legislator's View of Health Care Services" PAUL E. ALPERT, Esquire Maryland House of Delegates Alpert, Lichter, Coleman, Rogers, & Pezulla Baltimore, Maryland

SATURDAY EVENING

6:00 p.m.—CASH BAR
Meeting Room
Entertainment by the "Counterpoints"

7:00 p.m.—INAUGURATION BANQUET GEIGY ACHIEVEMENT AWARD Recipient, MARY W. CONNELLY

THIRD ANNUAL W. ARTHUR PURDUM AWARD Recipient, MARY W. CONNELLY

BANQUET ADDRESS

"Standards of Practice in Hospital Pharmacy"
WILLIAM H. HOTALING, Director
Pharmacy & Central Supply Services
Ellis Hospital
Schenectady, New York

SUNDAY MORNING, JUNE 11, 10:00 a.m. NORMAND A. PELISSIER, Presiding Staff Pharmacist Union Memorial Hospital Baltimore, Maryland

"Patient Education By Use Of Audio-Visual Aids" VINCENT DePAUL BURKHART Assistant Chief Pharmacist University of Maryland Hospital Baltimore, Maryland

10:40 a.m.—PRESENTATION THE MARYLAND SOCIETY OF HOSPITAL PHARMACISTS STUDENT ACHIEVEMENT AWARD

10:45 a.m.
 "National, State And Local Pharmacy Organizations—
 Relationship To Their Members"
 CLIFTON J. LATIOLAIS
 President Elect
 American Pharmaceutical Association

Director, Pharmacy and Central Supply Services

Columbus, Ohio
11:30 a.m.—CLOSING REMARKS

Ohio State University Hospital

The only thing worse than being ill, is being bored

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A Personal Commitment Today — For Tomorrow

By Ralph Engel, Director, National Pharmacy Insurance Council

Presented before the Spring Regional Meeting of the Maryland Pharmaceutical Association, Annapolis, Maryland. March 16, 1972.

As providers of health care services and an an integral part of our health care delivery system. Pharmacy is being charged with the responsibility of initiating innovative changes in our methods of providing pharmaceutical services. In our professional journals, the news media and in the meetings we attend, we are exposed to a relatively new vocabulary. Such words and phrases as comprehensive health care including comprehensive pharmaceutical service, accessibility and availibility of services, fragmentation, prepayment, H.M.O.'s, capitation, spiraling cost and so on are becoming an important part of our conversations and discussions about the issues of health care.

The primary reasons for the publicity and attention the health care industry is receiving are the cost factors and the maldistribution of health services. Because of the complexities of our health care system a sizeable majority of the public and the professions consider that a National Health Insurance (NHI) scheme is beneficial if not inevitable, but the thorny problem is which of the plans to adopt. At the moment congress is suffering from an embarrassment of riches in the plans introduced. The proposals range from the Administration's proposal to those of the Committee for National Health Insurance with some twelve or thirteen others scattered in between. Despite the wide variation in their financing mechanisms, almost without exception all the proposals recognize the need to bring some order, organization, and some new kinds of incentives to the delivery of health care. The Administration uses the term "health maintenance organizations" (HMO's) to describe its approach. Senator Edward Kennedy and the Health Security Plan proposes "comprehensive health services organizations." The American Hospital Association uses the term "health care corporations" and Senator Claiborne Pell calls his reform measure "health services and health education corporations."

Essentially, all of these proposals have comparable objectives, that is to provide investment in, and incentives to use, prepaid organized comprehensive health care systems serving defined populations. It is no secret that the Administration is now spending several million dollars in support of its health maintenance organization concept—a concept by the way, which has the potential, if realized, of providing all health services for 90% of the American population—as well as determining their scope and standards—hence ultimately exercising considerable control over health care delivery.

An HMO is based upon four principles. It is an organized system of health care designed to assure the delivery of a predetermined group of comprehensive health services for a voluntary enrolled group of people in a geographic area and is reimbursed through a pre-negotiated, fixed periodic payment on behalf of the enrollees.

Each of these important principles requires further clarification. An organized system of health care is one that provides a portal of entry into a system which makes available the services of doctors, pharmacists, and other health professionals with the services of inpatient and outpatient facilities for preventive, acute and chronic care which a defined population might require. In addition, the system promises a continuity of care via the contracts between the different professional components of the system as well as the availability of a single health record for each individual enrolled.

Comprehensive health maintenance means the capability of the organization to make available primary care, emergency care, inpatient and outpatient and rehabilitation of chronic and disabling conditions.

An agreed upon set of services is intended to mean that the consumers and the HMO will agree upon which services will be purchased and at what cost. The enrolled group means those individuals or groups of people who voluntarily join through a contract arrangement in which the enrolled agrees to pay or have paid for him a predetermined fixed premium. The enrollee also agrees to make use of the Health Maintenance Organization as his principal source of health care during the term of the agreement.

All four elements must be present in an HMO, and all must play an active role. Any one element may assume the corporate focal point for organizing and managing an HMO. For example, physicians groups, medical societies, pharmacy groups, or hospitals may initiate HMO development, consumers may sponsor them, or insurance companies or industrial or management corporations may take the initiative to organize the other three elements into a HMO.

Today, however, much of the activity surrounding HMO's or multi-specialty group practice, as it is sometimes referred, is embodied in the "one-stop" health care delivery concept. This includes the Kaiser Foundation Health Plan, the Health Insurance Plan of Greater New York or the Harvard Community Health Plan of Boston. Pharmacists participating in these plans are employees and have little voice in the overall delivery of their services.

NPIC, through its Service Benefits Committee, has developed Guidelines For a Prototype Pharmacy Group Practice to include drug utilization review and peer review procedures. Such a group practice will enable pharmacists to be involved in new approaches to the delivery of health care.

Briefly, let's review the Guidelines, aside from the introduction which we have essentially covered, the Guides are divided into four other sections. The first

deals with the formation of a Group Practice, the basis of which is a corporate nonprofit pharmacy foundation. That is an unassembled group of practitioners who retain their current practice, but collectively contract to provide pharmaceutical services. It is a separate and autonomous corporation with its own Board of Trustees. Each pharmacy can apply for membership in the foundation which is renewed annually, and upon being accepted, may participate in all programs and activities offered by the foundation in the delivery of Pharmaceutical services.

It is important to note at this time that for the foundation to function properly, pharmacists in a given community must first relate to each other and form a foundation, and secondly, they must also relate to physicians and other prescribers in the area to establish an effective drug utilization review mechanism.

Steps to develop a nonprofit pharmacy foundation are outlined and although there are some difficulties anticipated, none are insurmountable.

The applicable laws are generally reviewed as well as the internal legal arrangements between the foundation and the participating pharmacies. Also included are the external legal arrangements, or agreements between the pharmacy foundation and health maintenance organizations, medical group practice plans, unions and the like.

This concept will place the responsibility for the administration and control of pharmaceutical service programs in the hands of pharmacists and provide them with the mechanisms needed to function as closely related groups for the purpose of contracting with medical foundations, unions, group practice plans, trusts and government agencies. It will allow Pharmacy to participate in the emerging health care delivery system.

The foundation is not to be confused with an HMO. It is not in itself a health maintenance organization since it does not offer comprehensive health care. It can and should be considered as a necessary component of an HMO. In other words, the HMO will act as the "general contractor" of health care while the pharmacy foundation will be a "sub-contractor" for pharmaceutical servers.

The pharmacy foundation should serve both the consumer-patient interest as well as the pharmacy interest with its objectives being.

- 1. To provide comprehensive pharmaceutical services efficiently and economically.
- To develop standards of practice in a geographic area.
- 3. To negotiate contracts for providing pharmaceutical services with medical foundations, unions, other group practice plans, trusts and government agencies.
- 4. To organize and operate peer review activities so that the foundation can objectively and effectively deal with irregularities, and
- To establish a drug utilization review mechanism to study the frequency of use and cost of drugs from which patterns of prescribing, dispensing and patient use can be determined.

The foundation allows for the traditional free choice of pharmacy service. Further it offers the mechanism for either the fee for service, or fee per patient concept and the local control over utilization through peer review.

Particular attention should be paid to the reimbursement mechanism since in my opinion, Pharmacy will be challenged to prove that it can provide pharmaceutical services efficiently and effectively in its present structure.

Let's examine three potential methods of reimbursement. One could well be the "fee for service" with which we are all familiar. This approach is currently used by most third-party programs and could remain in effect in future programs. Fee for service may work in a number of ways, as it does now. For example, it might be cost plus a dispensing fee, or a variable cost related fee taking into consideration each provider's characteristics.

A second method might be capitation which is the periodic payment of a flat amount per enrollee or enrolled family, to cover all pharmaceutical services offered by the group.

The third potential methodology could be prospective reimbursement. Under this budgeting-in-advance method, a set amount is paid to the foundation, figured against the annual, anticipated total number of services to be provided by the foundation to the enrolled population.

This method might work as follows: a pharmacy anticipates dispensing 5,000 prescriptions to the enrollees at an annually averaged, pure and operational cost of \$4 per prescription. That pharmacy's total annual payment would be \$20,000 for the year.

The last two methods involve a factor presently alien to most health care providers; namely, risk sharing. If utilization is less than anticipated, the provider gains an added profit. If, however, utilization exceeds anticipated levels, the provider shares the loss. In Oregon, the pharmacists have begun a foundation for providing pharmaceutical services on partial risk. What I interpret their program to mean is that enrolled members pay a \$1.00 copayment to the pharmacy for each prescription dispensed. The pharmacist then submits his claim to the foundation and is paid 80% of his usual charge less the copayment. An additional payment may be made to the pharmacy at a later date depending on the experience of the program.

The functioning arm of our Prototype is the Pharmacy Service Evaluation Committee (PSEC) whose responsibility it is to develop basic standards and guidelines for pharmaceutical services pertinent to the geographic area served by the foundation and further to monitor these standards and guidelines.

This Committee should be composed of a select group of local practicing pharmacists, who along with administrators and/or insurers, physicians, and consumers, review patterns of drug utilization in a program in which they participate.

The group will function in three general areas, namely pharmacy review which includes claims review as well as drug utilization review. It will also act as a peer review mechanism, thus incorporating an education function. The terms peer review, drug utilization review,

pharmacy review and claims review are defined as follows:

Peer Review: is a review of the quality of professional service provided a patient including documentation of services (pharmacy review), medication given, appropriateness of utilization (drug utilization review), and reasonableness of charges (claims review). Peer review is synonymous with quality.

Drug Utilization Review: includes the establishment of standards that can be used to evaluate prescribing and dispensing habits and provide a mechanism to measure the degree of attainment of these standards and to ensure that action will be taken for fostering quality pharmaceutical services efficiently and economically.

Pharmacy Review: is an analysis, or audit, of the pharmaceutical services given a particular patient at a particular time in a particular setting, including a retrospective review of records to determine if the essentials of service are documented.

Claims Review: a review of individual charges submitted for payment.

The Pharmacy Service Evaluation Committee (PSEC) should hold meetings on a regular basis. The members should be reimbursed for their professional service and have adequate staff to function properly. All of their work product should be well-documented and retained.

Section three is titled "Standards of Practice For a Pharmacy Foundation" and generally outlines what comprehensive pharmaceutical service is. The first paragraph of this section reads: "All pharmaceutical services provided to the patient are the responsibility of the pharmacist and shall be under his supervision and control."

This section further outlines the certification of a prescription order, as well as the finished prescription, the issuing of the prescription medication to the patient by the pharmacist, including all aspects of patient consultation.

It is suggested that comprehensive pharmaceutical service can only be provided by an on-going prospective review of the individual patient's drug therapy. Therefore the participating pharmacy should maintain an individual patient drug history for each patient served. The report lists the criteria for establishing a patient medication profile system.

Let me point out that the standards presented in the manual were intended to be optimal standards and do not need to be adopted in full by specific pharmacy foundations. They should, however, serve as a goal for such an organization. Section four of the Guides is titled "Model Operational Review System (MORS)." This is a mechanism for quality and cost control utilizing both peer review and drug utilization review.

As previously indicated, peer review is a review of the quality of services provided a patient while drug utilization review is intended to control the program costs as well as insure rational prescribing and use of drugs. The main function, however, of drug utilization review is to provide the patient with the right drug in the right amount at the right time. Of particular interest are the efforts of Paid Prescriptions and from what I have been told a very fine drug utilization review committee in San Joaquin, California who, according to published reports, have been able to cut drug costs some 11.2% in their Title XIX Program for fiscal 1971. This is a significant accomplishment.

This section also outlines both the steps necessary to develop a peer review program as well as those needed for drug utilization review. Sample guidelines are provided for both, including legal responsibilities. The parameters of data collection are also outlined along with a review procedure.

Let me state clearly that we do not invision the Pharmacy Service Evaluation Committee (PSEC) in its role as a peer review body to be one of a disciplinary Board, but rather an educational tool.

The last section of the Guides sets out model articles of incorporation and by-laws for a non-profit pharmacy foundation.

The models presented are offered as a suggestion or starting point for individual foundations to study and incorporate to meet their specific needs. They will save untold numbers of research hours and dollars and offer an excellent method of control and direction for any pharmacy foundation.

Before concluding let me call your attention to the fact that here in Maryland, largely through the efforts of your state association, we are in the process of developing a foundation for pharmacy group practice. It was incorporated several weeks ago as the Pharmaceutical Service Foundation of Maryland and plans for its activity are in the formative stages. I urge all of you as well as your colleagues who are not in attendance to find out what is going on and get in on the ground floor so to speak.

In concluding, allow me to note that we recognize that this prototype will not fit each and every situation. Modifications will be necessary and it is for this reason they are put forth, not as hard and fast rules, but as guidelines which can be adaptable to individual locales.

As pharmacists you must get involved with health planning at all levels and I strongly urge that each of you make up your minds here today to do so. I am convinced that no one leaves you out of this function on purpose. It is unfortunate, but they just do not think to include you as providers of health care services. I suspect that this touches a raw nerve but the fact is that I believe Pharmacy has the greatest opportunity in its history to play a very meaningful role in health care delivery. However, the time is short. If we do not act aggressively, the oportunity to structure a concept in order that the profession of pharmacy and its services are provided for and included in a satisfactory manner will slip from our grasp. As stated by the late Robert F. Kennedy: "The future does not belong to those who are content with today-rather it will belong to those who can blend vision, reason and courage in a personal commitment for tomorrow.'

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Guarding The Health Of Baltimore — 1971

Exerpts from the Report of the Baltimore City Commissioner of Health, Robert E. Farber, M.D., M.P.H.

An almost perfect record of protective inoculations against diphtheria, whooping cough and tetanus in Baltimore children through age 14, and 11 cases of child lead paint poisoning, the lowest number in 24 years, are two of several outstanding events in Baltimore's public health picture in 1971. The year was also notewortry in that for the first time on record not a single person in Baltimore was ill with typhoid fever.

New active cases of tuberculosis were down by about 7 per cent from 1970's total of 493, another major advance; furthermore, the city experienced sharp declines in measles and German measles.

While these highlights were chiefly the result of long-term public health measures by the nation's oldest local health department, important events have occurred recently in medical care and manpower fields. The year 1971 saw increased activity by the medical profession and private health and medical agencies, assisted by the City Department of Health, in the development of Health Maintenance Organizations or medical service groups which are directing their efforts at filling the need for easily available medical care in city areas where private practitioners are lacking.

The Health of the City

The estimate of the resident population as of July 1, 1971 prepared by the Bureau of Biostatistics is 897,000 persons. This estimate indicates that Baltimore City has continued to lose population with a decline of 7,000 persons between July 1, 1970 and July 1, 1971. This decline is the net result of a drop of 12,000 in the white population from 476,000 to 464,000 persons and an increase of 5,000 in the nonwhite population from 428,0000 to 433,000 persons. As of July 1, 1971 the nonwhite population constituted 48.3 per cent of the total population compared to 47.3 per cent on July 1, 1970.

An examination of the birth statistics for 1971 shows that the number of live births among city residents has continued to decline. The total of 15,311 resident births is the lowest such figure since 1940. It is 34.2 per cent below the number registered in 1960. Among the white population deaths exceeded births for the fourth consecutive year.

Heart disease continued to be the leading cause of death at 4.143. There were 309 resident deaths due to homicide representing an increase of 32.1 per cent over the 234 deaths registered in 1970. Approximately 60 per cent of all homicide deaths are among persons who are between the ages of 15 to 39 years. The largest decline was registered in the home accidents category which fell from 186 in 1970 to 124 in 1971, a decrease of 33.3 per cent.

Local Health Services

In 1971, the Baltimore City Health Department continued its services in tuberculosis prevention programs,

venereal disease screening programs, child health programs, family planning projects, school health services, services for the handicapped, mental health services, medical care services and sanitary services. As an example, exclusive of summer programs, there are now 160 child day care centers serving 6,150 children in Baltimore City. Some 4,000 of these children are in 97 centers giving care 10 to 11 hours per day while parents are employed. Expenditures for Baltimore City residents utilizing the State Medicaid Prescription Program in fiscal year 1971 amounted to \$4,837,992. representing 9 per cent of total city Medicaid expenditures.

Prince Georges-Montgomery County Pharmaceutical Association

Donald J. MacCallum, Director of the Office of Drug Control for Montgomery County, was the speaker at the April 20 general meeting of the Prince Georges-Montgomery County Pharmaceutical Association. The Nominating Committee presented its report and officers were elected at the meeting.

Washington County Pharmaceutical Association

Newly elected officers of the Washington County Pharmaceutical Association are: Samuel E. Weisbecker, President; Walter M. Damasiewicz, Vice President; and Frederick W. Fahrney, Secretary-Treasurer.

Community Pharmacy Preview . . . 1971

The preliminary Lilly Digest report of 1,024 community pharmacy operations (about half of the total Lilly Digest sample) shows that 1971 was marked by rising expenses and falling profit. When the individual income and expense statement items are expressed as percentages of total sales and compared with 1970 Lilly Digest data, they indicate that the cost of goods sold remained unchanged during the year, but total expenses increased substantially with the result that net profit fell during 1971 to an all-time low.

The annual Lilly Digest will be completed and distributed early in September, 1972.

NOTICE

The State of Delaware is accepting applications for the position of Board of Pharmacy Secretary-Inspector. This is a full-time position with State Merit System rating and benefits.

Write for an application to: State Personnel Commission, Dover, Delaware 19901, or for information to: Delaware Board of Pharmacy, State Health Building No. 238, Dover, Delaware 19901.

Eight Examples of Types of Information Which Can Be Requested From Manufacturers And Suppliers

by Ralph H. Shangraw, Ph.D., Professor of Pharmacy, University of Maryland, School of Pharmacy

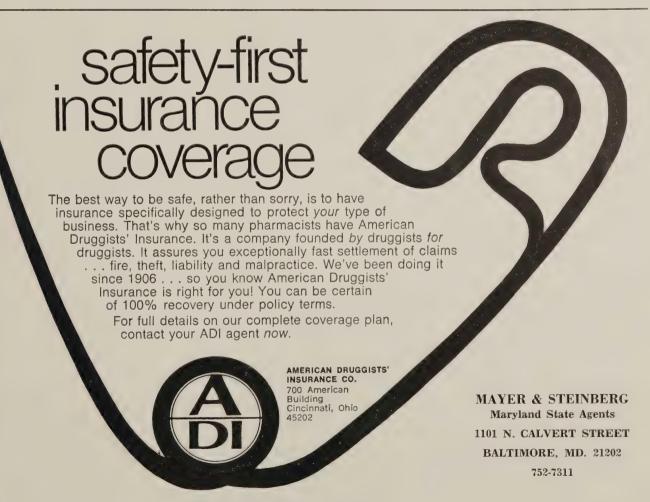
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- 1. Methods of testing and allowable limits for:
 - a. potency
 - b. weight variation, hardness, disintegration time of tablets
 - c. stability testing
 - d. microbial contamination
- Assay results from last ten consecutive batches for the above tests.
- Description of dissolution studies on finished dosage form or other tests correlating with biological availability. Indication of batch to batch variation and the effects of aging.
- Studies which substantiate clinical effectiveness of product and/or indicate blood levels achieved.
- Any pertinent data which would indicate that the company's product is clinically superior to or equivalent to other products available commercially.

- Statement as to voluntary or involuntary recall of specific drug product during the previous five years and the reasons for such recalls.
- 7. Statement as to failure of any batches of antibiotic drug products to receive certification upon original submission.
- 8. Statement as to whether or not a full or abbreviated New Drug Application was submitted on drug product in which proof of clinical efficacy was required.

PHARMACY CALENDAR

- May 31—(Wednesday) Annual Alumni Graduation Banquet, University of Maryland, School of Pharmacy.
- June 9-11—Maryland Society of Hospital Pharmacists 7th Annual Hospital Pharmacy Seminar, Carousel Motel, Ocean City, Maryland.
- June 14—(Wednesday) "Ladies Nite," Traveler's Auxiliary of the Maryland Pharmaceutical Association, Greenspring Inn, Baltimore, 6:00 p.m.
- October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.
- December 3-7—American Society of Hospital Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada.



Anonymous Drug Analysis Center and Poison Control Center

PHENCYCLIDINE: A HAZARDOUS DRUG OF ABUSE

The latest addition to the growing list of psychedelic drugs available from illicit sale is a very potent veterinarian anesthetic for primates which causes a variety of effects in humans including alcohol-like intoxication, psychotic behavior, hallucinations and convulsions. The drug is known to the pharmacologist as phencyclidine, to the chemist as 1—(1—phenylcyclohexyl) piperidine, to the veterinarian as Sernylan, and on the 'street' as: PCP, peace pill, hog and angel dust. Recently, phencyclidine has been found to be misrepresented on the illicit market as numerous other drugs including THC, Mescaline and LSD

History as an Anesthetic

Phencyclidine was discovered by chemists at the Parke-Davis Pharmaceutical Company in the late '50's and tested in animals and humans as an anesthetic agent under the tradename of Sernyl. It was found to produce a unique type of central nervous system depression termed 'catalepsis or dissociative anesthesia', characterized as a "trance-like state."

Initial toxicology studies demonstrated that Sernyl was relatively safe as an anesthetic, in particular, because it did not depress breathing except at a very high dose. For example, monkeys are anesthetized by a parenteral dose of 0.1 to 0.2 mg/Kg whereas 15 mg/Kg is required to arrest breathing. In humans, at an intravenous dose of 0.25 mg/Kg (approx. 10 to 20 mg), patients lose consciousness and do not respond to the painful stimuli of superficial surgery. The only other remarkable physiologic effect is a transient increase in blood pressure of 40 to 100 mm. Hg. systolic and 10 to 40 mm. Hg. diastolic (increase over preoperative values).

Post-operative emergence from Sernyl-induced anesthesia was often accompanied by disorientation, marked agitation and psychosis which therefore necessitated withdrawal of the drug from the market as a human anesthetic. It was reintroduced as a veterinary anesthetic for primates in 1966 under the tradename of Sernylan. It is currently available legally to licensed practitioners for use in animals and its distribution and sales are controlled by the Bureau of Narcotics and Dangerous Drugs as a Schedule III controlled dangerous substance.

Psychological Effects

In the course of human trials with phencyclidine a number of studies were conducted on its psychological effects. These effects are *strongly dose-related*, somewhat dependent on the personality and initial mood of the individual and of variable duration (1-6 hours). Because the lengthy duration compared to other hallucinogens, the user may become extremely anxious if he believes he has taken a shorter-acting drug such as mescaline. At low dose (7.5 mg by mouth or 5 mg by intravenous injection) subjects report anxiety and insensibility to pain and are

unable to think clearly or solve problems. At a moderate dose (12 mg by mouth or 8 mg by intravenous injection) subjects report numbness, a floating sensation, and a feeling of isolation. Higher doses (15 mg by mouth, 10 mg by intravenous injection) cause out-right hallucinations and paranoid psychosis. Subjects are disoriented as to time and place and exhibit a loss of recent memory under the influence of phencyclidine. Some subjects believe that they were being "carried off to heaven" or "shrinking away to death." The similarity of these symptoms to those of sensory deprivation suggests a common neurologic mechanism and that phencyclidine may be acting by blocking all forms of sensory input.

Clinical Toxicology

Although more than 1000 humans have received phencyclidine in controlled clinical trials there is little information available on the treatment of its intoxication. In clinical trials there were few reports of psychotic reactions or permanent toxicity; however, it can be assumed that the dose of phencyclidine was carefully controlled in these studies. Tolerance did not develop rapidly to the effects of this drug in these trials.

Reports from 'crisis' centers' indicate that the presenting features of phencyclidine intoxication may resemble those of amphetamine, barbiturate or LSD intoxication thus making initial diagnosis difficult and confusing. At the present time, rapid analysis of biological fluids for phencyclidine is not readily available although the drug can be detected in dosage forms by thin layer chromatography.

Because it is likely that one or more other drugs would have been taken in combination with phencyclidine, it is recommended that treatment be supportive and symptomatic with careful monitoring of respiratory and cardiovascular function. (Death from phencyclidine overdose in animals is the result of depression of medullary respiratory control centers or convulsions or both.) In situations where the patient is responsive to auditory stimuli, reassurance and compassion may be the best treatment. Diazepam (Valium) can be used when moderate to severe psychoneurotic reactions are present or the individual is at risk of convulsions. (The recommended dose of diazepam is 5-10 mg, I.M. or I.V. initially, with the dose repeated every 3 to 4 hours, as necessary.) In no case should the patient be left alone as there are reports of self-destructive behavior during phencyclidine intoxication.

History of "Street" Use

Phencyclidine first began to appear in the "street drug traffic" in 1967 in California and New York in a variety of dosage forms. As a tablet or white powder (sometimes encapsulated) it is called PCP, Peace Pill, and cyclones. It is also added to parsley (angel dust, supergrass or Zoom) or peppermint leaves (mint weed) to make a preparation for smoking. Of recent concern is

the adulteration or misrepresentation of other street drugs with phencyclidine. Practically all of the samples purchased on the "street" locally and nationally as THC (the active constituent of marihuana) have been analyzed as phencyclidine. Most of the "mescaline" and some of the "psilocybin" being purchased illicitly actually contains phencyclidine. In the Baltimore-Washington metropolitan area a drug known as "mystery dope" actually contains phencyclidine with traces of dilaudid (a drug similar to heroin). Intravenous injection of this preparation has caused "bad trips" that are reported to be far worse than those caused by LSD, and of longer duration.

The following are some examples of results of analyses performed in our laboratory:

Purported to be
THC PCP + dilaudid
Mescaline, dilaudid, cocaine
Unknown PCP + dilaudid
"Phenophenylcyclohexane HC1" PCP + dilaudid
THC PCP + dilaudid
PCP + dilaudid + THC

The shocking story of Charlie Ennis, a Baltimore youth who mistakenly took phencyclidine (PCP) thinking it was PCPA (an aphrodesiac) has appeared in the national press. As a result of the psychosis caused by phencyclidine, Charlie mutilated his eyes while in a Baltimore jail. He is permanently blind.

Summary and Recommendations

Phencyclidine is a potent and dangerous hallucinogenic drug capable of causing irrational and self-destructive behavior. Its widespread use as an adulterant of illicit drugs demands stricter controls on its distribution and greater emphasis on public education of the hazards attendant to its use.

If existing federal and state controls are tightened, there would be minimal inconvenience to the limited number of veterinarians and primate scientists who currently use the drug. There are indications that illegally synthesized phencyclidine is also being distributed. Thus, it would be advisable to also control the sale and distribution of chemical reagents used in its synthesis.

Immediate efforts should be made to educate the public about the hazards of this drug as it is appearing in illicit traffic and to provide this, as an example of the dangers of using drugs purchased on the street.

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Maryland Pharmaceutical Association Services

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Emphysema Foundation Formed

Emphysema, the fastest growing disease in the United States, will finally be fought by the newly-incorporated National Emphysema Foundation.

Located in Hollywood, Florida, the foundation is dedicated to gathering more knowledge about this almost unknown killer—and making the public aware of its deadly potential. Patrick Mascola, president, says the foundation "will embark upon one of the largest humanitarian crusades in history."

Emphysema, which currently impairs the breathing of over 15 million known Americans, has grown 800% since 1965 and is maintaining a staggering increase. At present it is a progressive, incurable disease affecting more people than tuberculosis and lung cancer combined. It has already reached the second place for disability nationally according to Social Security.

The disease, which only came into prominence in the 1960's, has grown so rapidly that until now there was no central agency dedicated to fight it, unlike many lesser diseases that have been known about for some time. The National Emphysema Foundation, with its 49 national and state advisory members, of which 24 are physicians, will concentrate its immediate attention on education, research and clinical help.

Reports indicate that at its present rate of increase it will be killing 180,000 people a year in a decade.

"With the growing problems of smoking and air pollution, it's time someone tries to stop emphysema," says Mascola.

Fund raising activities have begun. Meanwhile, all inquiries or contributions can be sent to the National Emphysema Foundation, Hollywood, Florida.

Baltimore City Health Department

The Baltimore City Health Department and the Model Cities Agency now have available six mobile dental facilities to provide dental care to inner city residents. All six of the large bus-like mobile units have two complete dental suites with all the modern equipment found in a private dental office. Each vehicle is staffed with two dentists or a dentist and a dental hygienist plus three dental assistants.

The units financed by a \$394,000 grant from the U.S. Department of Housing and Urban Development, will visit schools, Model Cities centers, housing projects, nursing homes and day care centers.

Nitroglycerin Packaging Affects Potency

A recent FDA assay survey of nitroglycerin tablets suggests that improper packaging has a crucial bearing on the drug's stability and potency.

The assay involved nitroglycerin tablets stored in a pen-shaped plastic container provided by pharmacies as a convenient means of carrying several days' supply. Dispensers containing the drugs were left standing at room temperature for 1-, 2-, and 3-day periods.

The nitroglycerin was found to have decreased to about 50%, 30% and 20% of initial potency after being left in the dispensers for these periods. FDA has requested recall of the dispensers.

The assay led FDA to conclude that unexplained patterns of therapeutic response by patients to nitroglycerin therapy may be caused by the manner in which the drug is packaged. Physicians should consider this possibility when evaluating patient response to the drug.

To avoid rapid loss of potency, nitroglycerin should be kept at all times in tightly-sealed glass vials. Physicians and pharmacists may wish to tell patients this when prescribing and dispensing the drug.

New Revision of Booklet on Pharmaceutical Services in Nursing Homes Released

Single copies of the newly revised "Pharmaceutical Services in the Nursing Home" may be obtained free of charge from the American Pharmaceutical Association, the American Society of Hospital Pharmacists, the American Nursing Home Association, or from Roche Laboratories, the financial sponsor of the publication.

Topics in the booklet include a discussion of pharmaceutical services, pharmacists' responsibilities, description of nursing homes, professional personnel in nursing homes, legal classification of drugs, and organization and reimbursement systems for pharmaceutical services.

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WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

City Conducts T.B. Drug Therapy Study

The City Health Department's Division of Tuberculosis in conjunction with Dr. Elmer P. Sauer, Medical Superintendent at Mount Wilson State Hospital and Dr. Richard L. Riley, Chairman and Professor of Environmental Medicine at the Johns Hopkins University, has begun a study to compare the effects of drug therapy on active tuberculosis cases and their families when treatment is carried out in hospital and at home. Similar studies have been carried out in other countries and these have established beyond doubt that home treatment is just as good and as safe as treatment in a hospital. Some doubt has been cast on these studies on the grounds that both the infecting agent and the patients are different.

The object of the study is to determine on a purely local basis whether or not it is necessary to subject tuberculosis patients who are otherwise well, to a prolonged incarceration in a hospital, and at the same time to establish if the extra effort required to maintain patients on drugs at home costs significantly less than treatment in hospital. The study could result in substantial savings which would increase with the rising costs of hospital treatment.

Immunization Status Report – Baltimore City

In the most recent school-neighborhood mop-up immunization program conducted for Baltimore City children one year old through grade three, the record shows 22,544 children protected against measles, 18,454 immunized against polio and 4,576 vaccinated against rubella (German measles).

Taking the above figures into account, the overall picture of Baltimore's current immunization status for protected children one through nine years old is as follows: against polio—128,338 or 87% of the target group of 148,223 children; against measles—141,549 or 95%; and against rubella—120,366 or 81%.

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Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street

Obituaries

Hugh H. Karns

Hugh H. Karns, 64, 1930 graduate of the University of Maryland School of Pharmacy, died at his home in Seaford, Delaware on March 12.

Manuel Miller

Manuel Miller, 67, 1941 graduate of the University of Maryland, School of Pharmacy, died on March 31 after a heart attack. He played in the Baltimore Symphony in the early 1930's.

In The News . . .

IRVIN GOODMAN, proprietor of Schmitt's Rexall Drugs in Westminster, Md., was recently presented with the Westminster Lions Club's Humanitarian Award for community service. Mr. Goodman is a member of the Maryland Pharmaceutical Association and is past president of the local Kiwanis Club. He has been an active committee member of "Operation Drug Alert" and is a member of the Carroll County Task Force for Youth. He is on the board of directors of the Carroll County General Hospital, the Carroll County YMCA, and the Carroll County Heart Association, and is a member of the Mayor's Committee on the Revitalization of Downtown Westminster.

Mr. Goodman is also a member of the Big Brothers of Carroll County and has served as campaign chairman of the American Red Cross of Carroll County, and has taken an active part n the March of Dimes drives throughout the County area.

ROBERT J. MARTIN, President of Potomac Valley Pharmacy in Cumperland, has been elected treasurer of he Allegany County Republican State Central Committee.

Pharmacy Destroyed in Four-Alarm Blaze

Lindy's Pharmacy, Reisterstown, Maryland, was destroyed in a recent ire which caused an estimated \$100,000 damage to the three-story brick uilding housing the pharmacy. The harmacy is owned by Morris Lindenaum. Fire officials said 29 pieces of quipment were used to battle flames hat shot high into the air and were isible for miles.

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JOHN R. McHUGH of Washington, D.C. along with four other pharmacists in the country, has been appointed by the APhA Academy of General Practice to the Task Force on Prescription Containers. McHugh is Vice President of the Maryland Pharmaceutical Association.

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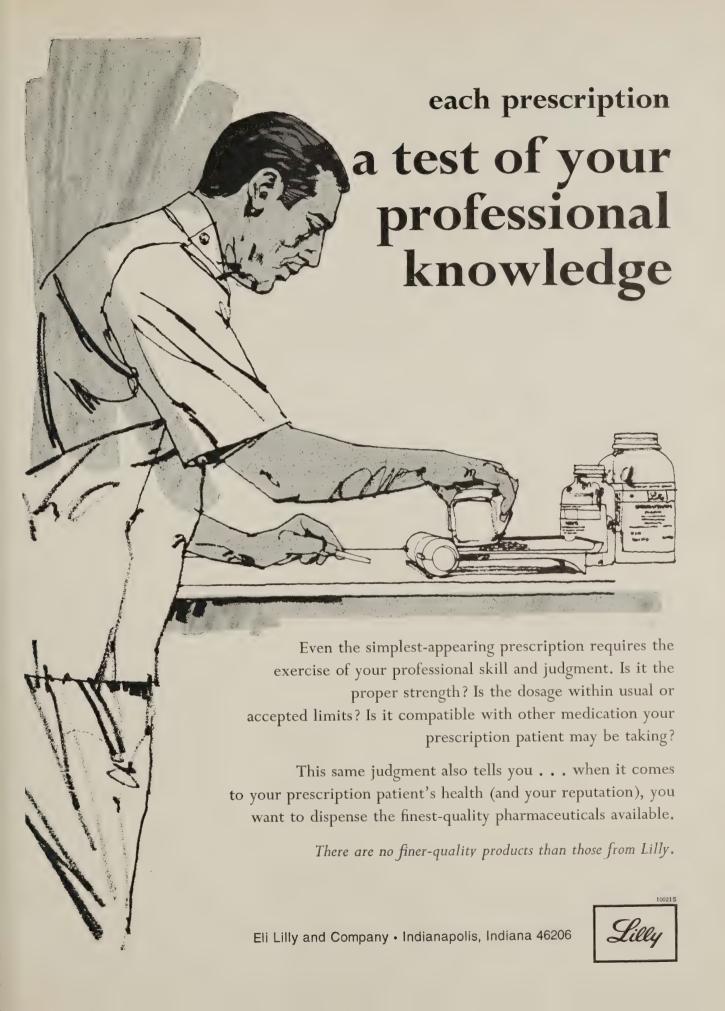
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CALIFORNIA GONORRHEA RATE DROPS, U.S. PUBLIC HEALTH SERVICE REPORTS

The Communicable Disease Center of the U.S. Public Health Service in Atlanta, Georgia has found, for the three months' period ending June 30, 1971, an 8 per cent drop in the gonorrhea rate in California.

John C. MacFarlane, president of Youngs Drug Products Corporation, stated this is the first significant drop in years. Speaking before the convention of the National Association of Retail Druggists, held in New Orleans in October, 1971, he commented:

"It may be a little too early, and the figures, somewhat tenuous, for mutual congratulation, but it is a hopeful sign. The truly important fact is that the only new element in control which might have influenced the results was: prevention."



Based on 1969 statistics, California had the third highest incidence of gonorrhea in the nation, being exceeded only by Alaska, in first place and Georgia, with the second highest rate of incidence.

California's retail pharmacists have played an essential role in the state's two-year V.D. awareness and prevention campaign. This campaign has been heavily supported by Youngs Drug Products Corporation. All of the material supplied by Youngs for the campaign has stressed the essential role of the retail phar-

macist as a professional source of information and medically recognized products for V.D. Prevention.

NEW COUNTER DISPLAY READY

A new counter display for its Trojan Brand prophylactics is now available from Youngs Drug Products Corporation. The new display is already being used by many thousands of pharmacists in the 39 states where such displays are legal.



Write Youngs Drug Products Corporation for your *free* Trojan Display unit—or, ask your local representative for details.

YOUNGS OFFERS V.D. PREVENTION FILM

A brand new and comprehensive 16mm, sound and color film presentation, HOW TO KEEP FROM CATCHING V.D., is now available from Youngs on a free, loan basis to interested groups.

The 20-minute film features Dr. Walter Smartt, Chief of V.D. Control, Los Angeles County Health Department, talking to an audience of young people about gonorrhea and syphilis.

Dr. Smartt explains, illustrates and answers questions about the full range of V.D. Control problems. He covers the identification and transmittal of V.D. germs; how they affect the human body; the symptomology of V.D.; how it's best treated. Most importantly, Dr. Smartt emphasizes V.D. prevention and the various

methods of prevention which are available.

In easy and straightforward manner, the film clearly explains the various aspects of V.D. in a form which is especially attractive to teen-agers and young adults.

FIRST "LOOK" PROPHYLACTIC AD A REAL BREAKTHROUGH

A real breakthrough in prophylactic and anti-V.D. advertising was achieved in the October 5, 1971 issue of LOOK magazine, which carried a half-page advertisement by Youngs Drug Products Corporation promoting prophylactics as a preventive for venereal disease.

To the best recollection of Youngs' executives, this was the first time that a nationally circulated, "family" magazine such as LOOK, had ever carried an advertisement on venereal disease.

The ad featured a picture of packages of Youngs "Trojan-Enz" lubricated prophylactics, reproduced in two colors. The headline stated, "Better Safe Than Sorry," with the body copy continuing



idea: "...especially when safety is as simple as a Trojan...all that need stand between you and Venereal Disease...a disease that over 2½ million Americans will get this year. It's the nation's number one epidemic with more than half of its victims below the age of 25...and there's no vaccine in sight. Ask your local pharmacist for TROJAN brand prophylactics."

The Maryland Pharmacist

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Editorial . . .

CREATING A "NEW" PHARMACIST-

An Integrated Education/Practice Curriculum

In the profession of pharmacy there has often been the feeling on the part of many of its practitioners of not being able to affect the character of pharmacy practice to any significant degree. Social and economic changes seem to have a certain momentum which sweeps pharmacy along, determining the nature of pharmacy practice.

There are some indications, however, that a growing number of pharmacists are not satisfied to continue passively to operate within an order of society which they seem unable to influence. Pharmacists entering the "health delivery system" are not content merely to accept the roles traditionally offered them.

In the area of education, bold and innovative educators are at last appearing to answer the inadequately articulated dissatisfactions of generations of pharmacists. At the University of Maryland School of Pharmacy experimentation has resulted in a new integrated curriculum of education and pharmacy practice.

The educational format, which in the past has included only didactic and laboratory elements, now includes a structured and university-supervised patient service component in community, hospital and related environments. All of this is integrated with not only education and training in "clinical pharmacy," but with opportunity for applying the "clinical" modality to real patients requiring the expertise of *all* the health care disciplines.

The practice of pharmacy is thus revealed to patients, the allied health professions, planners, administrators and to pharmacy students themselves as an absolutely essential part of a professional and scientific system of health care and disease prevention.

The state professional pharmaceutical society—the Maryland Pharmaceutical Association — commends the University of Maryland School of Pharmacy for blasting its way out of an irrelevant and obsolete educational philosophy in which pharmacy seems to have been stuck.

Progress in any human endeavor must ultimately rest on the quality of leadership that is provided, and on

the responses evoked from members of the group whose thinking and action must be motivated. Fortunately, both factors are present in Maryland. The response on the part of the Maryland Board of Pharmacy, the Maryland Pharmaceutical Association and individual practitioners to the initiative of leadership by the School of Pharmacy was positive and constructive. Without the cooperative spirit and action of the members of the Tripartite Committee—School, Board and Association—the rapid progress achieved would have been impossible.

Of crucial importance was the forthright leadership of Dean William J. Kinnard, Jr., and the creative thinking of the faculty. We believe that a "new" pharmacist will thus be produced. This "new" pharmacist—a "patient oriented pharmacist"—should be able to significantly alter not only the image, but the reality of the pharmacist as an irreplaceable health practitioner in the community, hospital or other setting requiring pharmaceutical services.

Out of this pioneering effort of the University of Maryland School of Pharmacy will eventually emerge a new concept of pharmacy practice encompassing many new qualities and dimensions.

In the success of the new Maryland program, we must also accord full recognition to the late Francis S. Balassone, long-time Secretary of the Maryland Board of Pharmacy until his untimely death this past January, for his vital contribution. He proved to be progressive in thinking and unfettered to the past. With the advantage of his great prestige, he made available his experience and talents in the implementation of the required administrative regulatory and legislative changes both in Maryland and at the national levels.

The Maryland Pharmaceutical Association is pleased and honored to devote this entire issue to a significant and unique advancement for the profession—"The New Educational and Professional Experience Program of the University of Maryland School of Pharmacy."

—Nathan I. GruzExecutive DirectorMaryland Pharmaceutical Association

The New Educational and Professional Experience Programs Of The University Of Maryland School Of Pharmacy

Pharmacy Education At The University of Maryland

William J. Kinnard, Jr., Ph. D., Dean University of Maryland, School of Pharmacy

What does the future hold for pharmacy? The question is unanswerable, yet is asked by many in the hope that someone with prophetic insight might see clearly into the future to advise those of us struggling with the present. The past strengths of pharmacy have led to its development and growth, yet the present is amorphous and unsatisfying. This finds those of us who are looking for a future direction, while reaching backward into our history for assistance, still standing with our feet in the quicksand of today's profession. One thing can, however, be held as a guide for our work. Education is a foundation for the future. Without its lead the practice and the profession of pharmacy will surely stumble and fall by the wayside.

Total Preparation of Health Practitioners

A revolution is occurring; a quiet, dynamic, radical change in pharmacy educational programs. This change is more dramatic than that seen in any of the health professions, and is caused by the desire to improve patient care with a recognition that past educational programs have not prepared practitioners to actively function as members of the health care unit. Thusly the educational programs have jumped out of the splendid isolation in which they formerly languished, have reached out to place the arms of education into joint ventures with medicine and nursing, and even have reached out to touch the patient. The schools have also begun to realize that the ivory tower label that was placed on its instructors was a true one, and that practitioners must become more deeply involved in the academic programs of the profession. Another recognition is that education in pharmacy must be a total continuum, not separated into two distinct pathways, namely, the academic curriculum and the internship program. The need for the internship programs as directed by the Boards of Pharmacy has been predicated on the idea that graduates of schools of pharmacy had to have practical experience before being allowed to function as a licensed practitioner. If this was the case, then schools of pharmacy have been at fault, in that their programs did not totally prepare health practitioners as did our sister health professions. An acceptance of the need for clinical education within the pharmacy curriculum allows for the development of programs which can achieve the total educational requirements of a practitioner and do it in a much more effective way than has been possible in the past when the dual pathways were followed.

The present academic program leading to the Bachelor of Science in Pharmacy at the University of Maryland School of Pharmacy is an attempt to correct some of the faults that have been present in pharmacy education during the past decades. It is reaching out to the practitioner so that our students can receive the benefit of those individuals who are actively practicing the profession,

moving the laboratories from the school out into practice. The program, with the collaboration of the Board of Pharmacy and Maryland Pharmaceutical Association, combines the traditional internship and the academic program into one efficient sequence that allows a graduate to become licensed in a shorter period of time than was previously possible.

It is quite apparent that the curriculum must be a constantly changing one, since our future goals are still being formed. Recent experience has shown that patient-student interaction must be developed earlier within the curriculum than the fifth year. It is also apparent that the course work within the curriculum must be further integrated to allow for more effective education.

The Future At Maryland

What does the future hold at the University of Maryland for pharmaceutical education? Presently the faculty is discussing the need for a Pharm. D. program at the school. Determining if there is a need for this advanced professional degree, and if so, what abilities should the graduate possess. What of pharmacy technicians? It is quite apparent that the development of our profession. just as the others in health care, requires supportive personnel to achieve the goals that are now being postulated and actually being carried out in many areas of this country. Does this mean a limited technician program, a twoyear program, a four-year program? These questions will have to be answered in the near future. One dean in a recent speech suggested that there be two types of pharmacy schools in this country: one which through a four year program educates those who will be mainly in dispensing or distributive roles of pharmacy; while the other schools, affiliated with medical centers, would offer a Doctor of Pharmacy program, thus producing the more advanced practitioners in community and institutional practice. One cannot afford to make a fast judgment on that suggestion, but I am sure it and others involving technicians or advanced degree programs are going to be topics of avid discussion in the next several years.

Expansion of Role

Continuing discussions of academic programs must include the need for pharmacy manpower. There are those who point out that pharmacy manpower is in excess at the present time, yet the Federal Government continues to insist on an enlargement of all academic programs. It is quite apparent now that pharmacists are being used in new and different roles in many areas and also in increasing numbers in institutional practice; where certain large hospitals formerly used five or six pharmacists, today they have twenty to twenty-five performing various services. This type of expansion will certainly continue, with pharmacy services being required even in the smallest hospital in a community. The new concepts of pharmacy service such as; unit dose, IV admixture programs, and clinical pharmacy services, have caused this expansion of the breadth of pharmacy's portion of health care delivery. This is not going to decrease. In fact, as these new services are evaluated by medicine and nursing the demand for the expansion becomes even greater than those in pharmacy envisioned.

Joint Courses

The continuing attempt to develop teams of health care specialists may also have a profound effect upon education in the future. Many universities are attempting to utilize pharmacists and nurses along with physicians in teams to deliver primary health care of various types. This might lead in the future to a health care educational sequence in which all students desiring education in one of the health professions enters a common track in a liberal arts college. Joint professional and basic science courses would be offered to these students early in their academic year. Then as the basic prerequisites of each health career is achieved the students would move into specific professional programs which would have courses crossing school lines. The University of Maryland system with its three liberal arts campuses and the professional campus at Baltimore lends itself well to this educational philosophy,

The future is bright for the profession of pharmacy. The educational revolution is taking one step in clarifying future roles, but any further advance requires that the practitioners develop a confidence in the future and work with the School, the Board of Pharmacy, and State Association in assuring that pharmacy takes its rightful place with medicine, dentistry and nursing in the improvement of the health care of the citizens of the State.

Integrating Pharmacy Practice Into The College Curriculum At The University of Maryland

PART I. THE NEW CURRICULUM

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Department Chairmen, School of Pharmacy

INTRODUCTION

After many years of criticism, debate and controversy, it now appears that the practical training of pharmacy students is rapidly taking a new and challenging direction. This direction, which was recently supported in the proposed revised accreditation standards of the American Council on Pharmaceutical Education, gives clear responsibility to the Schools and Colleges of Pharmacy to include internship training in their overall educational program. This radical departure from past tradition not only has far reaching ramifications for the profession as a whole, but requires a major readjustment of the educational policy for Schools of Pharmacy. Integrating clinical clerkships and internship training into educational programs will tax the ingenuity and resources of Schools of Pharmacy for the next decade.

As a result of a comprehensive review of all facets of the profession of pharmacy and the pharmacy curriculum undertaken in the Fall of 1968 under the auspices of the faculty of the University of Maryland School of Pharmacy, a major revision of the curriculum was proposed. This revision was designed to meet the following needs:

 The pharmacist's service role must change from drug product orientation toward one of patient care and service. The curriculum must accomplish this through use of affective or attitudinal training as well as the cognitive and manipulative training that occurred in the past.

2. The educational program must involve other members of the health care team in its program and training must take place in both in-patient and ambulatory care areas including community practice.

3. The curriculum must be modified to allow for career options to evolve during and following the

five year program.

4. The program should be modified so that the total time required to produce a licensed pharmacist could be reduced.

The new curriculum, a result of the study based on these guidelines, was approved by the faculty in March 1971. The following article discusses in detail the overall program and in particular the Professional Experience Program.

1. Pre-Professional Program

The overall five year curriculum leading to the B.S. degree in Pharmacy is divided into a 2-2-1 sequence. (Two years pre-professional, two years basic pharmaceutical sciences and one year of clinical pharmacy and professional practice). The two years pre-professional program can be obtained at one of the undergraduate campuses of the University of Maryland, or other accredited two year or four year universities or colleges. Organic Chemistry was transferred from the professional program into the pre-professional years and a number of the rigid requirements in the liberal arts area were removed to allow the program to be as flexible as possible. At the same time all accredited colleges and junior colleges in the State were contacted to insure that adequate courses were available at those schools to conduct a pre-professional program. The previous emphasis on completing the pre-professional program at the College Park and University of Maryland Baltimore County campuses was eliminated and students were encouraged to complete their requirements at a school of their choice in Maryland. The general pre-professional requirements are outlined in Appendix A.

II. Professional Program

A. Organization

The three year professional program as offered on the Baltimore campus has been divided into two parts-the first two years of the program is a basic science sequence, the final year is primarily clinical in design. By dividing the program in this manner, it is hoped that students, upon completion of the two year science program, will make career option selections which will enable them to: (1) move into the final professional year to receive a B. S. in Pharmacy and fulfill requirements for licensure, (2) move into a proposed Doctor of Pharmacy program which will require an additional two to three years of education and residency, (3) receive a B. S. and then move into graduate programs leading to the Ph. D. degree or enter other health profession careers,

B. Basic Science Years

The faculty structured the two years of basic sciences by the elimination of a number of obsolete courses, condensation of certain professional work, and by adding some newer courses. The decision to attempt to complete all basic sciences courses in the pharmacy curriculum during the third and fourth years made it necessary to redesign the five year curriculum developed in 1960. At that time, the old four year curriculum had been expanded into five years with only minor changes in organization. It was necessary for all members of the faculty to review courses and make sacrifices in teaching time without eliminating important concepts or content. Although many members expressed legitimate fears about reduction in time, the experience of the past two years has in general proved the revision to be a sound one. New courses including Social Sciences in Pharmacy, Biostatistics and Biopharmaceutics were added to the program.

The two year basic science program combined with the two years of pre-professional training offer a meaningful course of study for any persons interested in a basic knowledge of drugs and drug action. It is anticipated that in the future many students interested in preparing themselves for careers other than Pharmacy will pursue such a course of study and consideration is presently being given to awarding a non-professional degree at this point. Although changes are still being made, the two year basic pharmaceutical sciences now consist of the courses outlined in Appendix B.

C. The Clinical Year

The obvious defect in the older pharmacy curriculum was a lack of patient care contact as seen in the medical, dental and nursing schools. In this light, the traditional internship program was examined and found to be obsolete under modern standards. Pharmacy is the only health profession that still follows a loosely structured practical experience program for licensure. Its supposed purpose was to provide a practical experience situation to allow the student to apply the knowledge learned in the academic environment. Discussions were begun with the Maryland Board of Pharmacy and the Board accepted the philosophy that a total experience time required for licensure in Maryland should be six months in a structured academic program. A change in the Maryland State law was required and this was accomplished this Spring. As presently designed students will be able to take the entire Board examination upon graduation in June and become licensed when notification of successful completion is received. The clinical or professional practice year comprises 11 months of training, made up of six months of professional experience and five months of didactic work (9 credits of required course work and 11 credits of professional electives). One of these five months (the minimester) is flexible enough so that either course work, independent study or additional work experience can be obtained. The most important phase of the didactic work is the two months of didactic courses offered in September and October which include courses in Therapeutics, Pharmacy Practice, and Clinical Toxicology. The Therapeutics course is taught by the Department of Medicine from the Medical School; the Toxicology course is taught by a toxicologist in the Department of Pharmacology and Toxicology in conjunction with the Director of the Maryland Poison Control Center, a physician. The fifth year curriculum is outlined in Appendix C.

The required courses for the clinical year are concentrated during the first two months of the Fall semester. Because all courses are taught on an accelerated basis, currently it is felt that no more than 10 credit hours be undertaken. Elective courses are offered during the second semester on a group basis. Group 1 is available during February and March and Group II during April and May. Approximately 20 credit hours of electives are available in each group from which students must choose 11-12. The only required course during the second semester is a colloquium where an updating of professional experiences and applicable basic concepts is offered. One of the unique features of the new curriculum is the offering of Dispensing Pharmacy as an elective course available to all students. This course is now available at a time when students have already completed either four or six months of the Professional Experience Program in which they are exposed to compound-

ing and dispensing in practice.

Probably the most important concept that had to be dealt with in designing the clinical year was the inclusion of the professional experience component as a part of the curriculum for which academic credit could be awarded. A committee consisting of all department heads as well as junior faculty members and students considered the total content and arrangement of the clinical year for a number of months before an agreement was reached. Although the Dean of the School was not a member of the committee, he urged from the beginning of the deliberations that the didactic courses and practical experience program be integrated. It thus became apparent to the committee that the professional practice program should be arranged as courses for which academic credit could be awarded. Due to the unique nature of the program, there was little precedent for deciding the amount of credit to be given for each experience segment. However, as the work experience was broken into month segments of approximately 160 contact hours, credit was assigned on that basis. It was finally decided to offer one credit for each 80 hours of contact time except in the patient care clerkship where the assignments would most closely parallel a normal laboratory course (1 credit per 40 contact hours). The total academic credit for the professional experience program thus amounted to 14 hours (five months at 2 hours and one month at 4 hours).

Another important decision concerned how the professional experience was to be integrated.

During experiments carried out over the previous two years, it became obvious that trying to combine academic course work and work experience during the same day or even the same week was extremely difficult. The professional experience program was thus blocked off into month segments during which there would be no didactic course work. The advantages of this separation include:

- 1. Ability of students to concentrate on either practice or didactic work and not both at the same time.
- Flexibility of locating professional experience preceptors beyond commuting distance of the School of Pharmacy. A majority of preceptors will be located in the Baltimore-Washington area, but some may be scattered in other parts of Maryland or adjoining states.

These advantages had to be balanced against the disadvantage of having students out of contact with the school for long periods of time. There is little question that the program will radically change extra-curricular activities of the entire student body as well as changing traditional educational patterns. It is too early to assess the full impact of such a program on the student or school life.

As can be seen from the above, the clinical year as designed is a complete departure from traditional pharmacy curricula. It offers distinct advantages in shortening the overall time necessary to complete both educational and practical experience necessary for licensure. More importantly, by including professional experience as a part of a curriculum, there is a unique opportunity to structure clinical experience in the most meaningful manner both in terms of content and qualifications of preceptors. In addition, the inclusion of professional experience training in the curriculum forces the faculty of the school to become involved with the total development of the pharmacy student and to continually evaluate the contribution of his course or courses to this development. Hopefully, this will lead not only to improvement in the quality of graduates but to the quality of the profession as a whole.

APPENDIX A PRE-PROFESSIONAL REQUIREMENTS

| (| Credits | C | redits |
|--------------------------|---------|-----------------------------|--------|
| General Chemistry | 8 | History | 6 |
| Organic Chemistry | 8 | Economics | 3 |
| Physics | 8 | Electives (Social Sciences, | |
| Zoology or Biology | 4 | Fine Arts or Philosophy) | 9 |
| Mathematics | 6-7 | Health and Physical Edu- | |
| English (Comp. and Lit.) | 9 | tion as required | |
| | | - | |
| | | | 61-62 |

APPENDIX B

| First Profes | sional Y | Year | |
|-----------------|-----------|--|-----------------------|
| Fall Term | | | Credits |
| MCHM | 331 | Quantitative Pharmaceutical Analysis | 4 |
| MCHM | 431 | Biochemistry I | 3 |
| PCOL | 331 | Anatomy and Physiology 1 | 4 |
| PHAR | 331 | Introduction to Pharmacy and | |
| 1 112111 | 001 | Health Care | 1 |
| PHAR | 333 | Basic Pharmaceutics 1 | 4 |
| 1 11711 | 500 | Dasie I narmacourses | |
| | | | 16 |
| | | | |
| Winter Term | (Minime | ster)-No scheduled courses. Time av | ailable |
| for remedial v | vork and | independent study. Courses may be sch | eduled |
| at a later date | | | |
| Spring Term | | | |
| MCHM | 432 | Biochemistry II | 3 |
| PCOG | 332 | Pharmaceutical Microbiology I | 3 |
| PCOL | 332 | Anatomy and Physiology II | 4 |
| PHAR | 334 | Basic Pharmaceutics II | 4 |
| PADM | 332 | Drug Marketing | 3 |
| LADM | 332 | Didg Marketing | |
| | | | 17 |
| C 1 D | | I Varr | |
| Second Pro | jessionai | t 1 ear | 0 22 |
| Fall Term | | | Credits |
| CMSC | 498 | Introduction to Biostatistics and | 0 |
| | | Computer Methodology | 3 |
| PCOG | 343 | Pharmaceutical Microbiology II | 2 |
| PCOG | 441 | General Pharmacognosy I | 3 |
| Principles of | | ion I: | |
| MCHM | 441 | Chemistry of Medicinal Products I | 3 |
| PCOL | 441 | Pharmacodynamics I | 4 |
| PHAR | 441 | Biopharmaceutics | 3 |
| rnan | 441 | Diopharmaceuties | |
| | | | 18 |
| W/ | (Minima) | ster) (January) - Elective only | |
| winter Term | (Minimes | Community and Environmental Heal | th 2 |
| PCOG | 440 | Community and Environmental freas | |
| Spring Term | | C 1 Di II | 3 |
| PCOG | 442 | General Pharmacognosy II | 2 |
| PADM | 340 | Social Sciences in Pharmacy | 3 |
| PADM | 342 | Pharmaceutical Jurisprudence | 3 |
| PHAR | 344 | Introduction to Drug Products and | 1 |
| | | Dispensing | 1 |
| Principles of | Drug Ac | tion II: | |
| MCHM | 442 | Chemistry of Medicinal Products II | 2 |
| PCOL | 146 | Pharmacodynamics II | 3 |
| Electives: | | | |
| PHAR | 342 | Applied Calculus I | 4 |
| PADM | 344 | Pharmacy Management I | 3 |
| IADM | 911 | Thurmady management | |
| | | | 17-18 |
| | | APPENDIX C | |
| | | | |
| Clinical Ye | ear (Thi | ird Professional Year): | |
| Summer Tern | | | |
| Professions | l Evnerie | ence (Clinical Clerkship) | |
| PHAR | 360 | Community Practice I | 2 |
| PHAR | 361 | Institutional Practice I | $\bar{2}$ |
| | 001 | ANDERDUNG A AUTOLOG A | |
| Fall Term | C | | |
| | Courses: | | 4 |
| PHAR | 461 | Therapeutics | 2 |
| PHAR | 450 | Pharmacy Practice | $\frac{2}{2}$ |
| PCOL | 451 | Clinical Toxicology | 2 |
| Electives (| Select on | | |
| PHAR | 454 | Institutional Pharmacy I | 2 |
| PADM | 351 | Community Pharmacy Management | II 2 |
| MCHM | 453 | Physical Chemistry I | 3 |
| | | | |
| | | | 10 or 11 |
| Duefossions | 1 Evnovie | ence (Clinical Clerkship) (November-Ja | anuary) |
| | | | amary) |
| | | three month period) | 4 |
| PHAR | 362 | Therapeutics and Patient Care I | 4 |
| PHAR | 368 | Community Practice II | 2 |
| PHAR | 369 | Institutional Practice II | 2 2 2 2 2 |
| PHAR | 378 | Therapeutics and Patient Care II | 2 |
| PHAR | 363 | Special Studies | 2 |
| | | | |
| | Pri | | 4 or 6 |
| | Total cr | redits for Summer and Fall Term | 18-21 |
| | | | |

| Vinter Term | (Janu | | |
|------------------|------------|--|----------------------------|
| 2000 | | OPTIONAL ELECTIVE | |
| PCOG | 440 | Community and Environmental Health | 2 |
| Spring Term | | | |
| | | REQUIRED COURSE | |
| PHAR | 460 | Pharmacy and Therapeutics Colloquium | . 1 |
| | | ELECTIVES (Select Minimum of Nine | |
| | | Credits | |
| | | Sec. A (February-March) | |
| PHAR | 451 | Advanced Pharmaceutical Formulation | 0 |
| PHAR | 452 | and Compounding Advanced Pharmaceutical Formulation | 2 |
| HIAR | 402 | and Compounding Laboratory |] |
| PHAR | 455 | Institutional Pharmacy II | 2 2 2 2 1 to 3 |
| PHAR | 462 | Pharmacy and The Health Care System | . 2 |
| PADM | 352 | Community Pharmacy Management III | 2 |
| PADM PCOG | 354 452 | Drug Abuse Education 1 Antibiotics | 2 |
| PCOL | 452 | Principles of Toxicology | 3 |
| MCHM | 420 | Instrumental Methods of Pharma- | |
| | | ceutical Analysis | 3 |
| MCHM PHAR | 455 457 | Physical Chemistry II Special Problems I | 3 2 |
| FIIAN | 437 | Sec. B (April-May) | du |
| PHAR | 351 | Parapharmaceuticals | 2 |
| PHAR | 352 | History of Pharmacy | 1 |
| PHAR | 451 | Advanced Pharmaceutical Formulation | |
| PHAR | 452 | and Compounding Advanced Pharmaceutical Formulation | 2 |
| ППАЦ | 432 | and Compounding Laboratory | 1 |
| PHAR | 453 | Cosmetics and Dermatological | |
| DILLE | 456 | Preparations | 2 |
| PHAR | 456 | Cosmetics and Dermatological Preparations Laboratory | 1 |
| PADM | 352 | Community Pharmacy Management III | |
| PADM | 452 | Institutional Pharmacy Management | 2 3 |
| PCOG | 454 | Diagnostic and Clinical Microbiology | 3 |
| PCOL | 352 | Contemporary Non-Medical Drug Use | 2 |
| MCHM | 451 | and Abuse Intermediate Organic Chemistry | 2 |
| MCHM | 452 | Intermediate Organic Chemistry | |
| | | Laboratory | 1 |
| PHAR | 458 | Special Problems II | 2 |
| | | ence (Clinical Clerkship) | |
| | | ril-May) Sec. B (February-March) | |
| Select Two | | | 4 |
| PHAR PHAR | 362 368 | Therapeutics and Patient Care I | 4 |
| PHAR | 369 | Community Practice II Institutional Practice II | 2 |
| PHAR | 378 | Therapeutics and Patient Care II | 2 2 2 |
| PHAR | 363 | Special Studies | 2 |
| | | 4 | or 6 |
| | | | 4-16 |
| | | Minimum total credits for fifth year | 34 |
| 4 | 1 | iroments for completion of | |
| diminimized tot. | OI POWII | trements for completion of | |

Minimum total requirements for completion of professional program (3 years) = 102 credits

Integrating Pharmacy Practice Into The College Curriculum At The University of Maryland

PART II: THE PROFESSIONAL EXPERIENCE PROGRAM

> by Ralph F. Shangraw, Ph.D. Professor and Chairman Department of Pharmacy

INTRODUCTION

The Professional Experience Program (PEP) of the University of Maryland School of Pharmacy is designed

to prepare a student for the professional practice of pharmacy by means of a structured program of externship training, supervised by the School of Pharmacy and approved by the State Board of Pharmacy.

The student-extern spends a total of six months during the final (5th) or clinical year, which extends from June to June, in various types of actual pharmacy practice under the direction of a pharmacist-preceptor who holds an appointment as Clinical Instructor at the School of Pharmacy. The program involves a core of work and learning experience which includes one month in each of the following areas: community pharmacy, institutional pharmacy and clinical pharmacy. The student elects three additional months of experience in areas of his choice. A student-extern, thus, has the option of enrolling up to four months of training in either community or institutional pharmacy or can divide his time according to his needs. No student-extern can spend more than two months with any single preceptor. The studentextern receives no pay for the time spent in practice but does receive academic credit and must fulfill specific education requirements during the Professional Experience Program (PEP).

The Professional Experience Program is combined with didactic courses during the clinical year in such a manner that the student-extern spends periods of time in practice, alternating with classroom study. The total clinical year is so designed that upon its completion, the student-extern is prepared for assuming the full responsibilities of licensure and is eligible to take both the theoretical and clinical portions of the State Board Examination. In this respect, it parallels what is already being done in all of the other health professions.

The program is based on establishing a teacher-student relationship between the preceptor and extern in place of the employer-employee relationship which has often existed in the past. The pharmacist-preceptors practice in a number of different types of community and institutional practices and the student-extern is given an opportunity to select the preceptor with whom he wants to study. The clinical pharmacy component of the program is presented by clinical pharmacists who are presently practicing in the inpatient areas in the University Hospital. It is hoped that in the future these services will be extended into ambulatory care clinics.

It is anticipated that in the future, a student will be able to elect to spend a maximum of one month of his Professional Experience Program in specialized areas such as nursing homes and extended care facilities, State and National Professional Associations, F.D.A., U.S.P., Drug Standards Laboratory, Drug Education and Treatment Programs, Pharmaceutical Manufacturers, Poison and Drug Information Centers. This will depend upon finding suitable preceptors to supervise their training and the structuring of a meaningful month of work-study.

The Professional Experience Program was developed by the School of Pharmacy with the advice and counsel of the state Tripartite Committee made up of representatives from the School of Pharmacy, the Board of Pharmacy and the Maryland Pharmaceutical Association. The input of the Tripartite Committee consisted of both formal meetings and informal participation of officers and members of these groups in all phases of the pilot and demonstration projects.

I. Basic Principles and Policy

Starting with the basic philosophy that the Professional Experience Program would be integrated into the total curriculum of the School, a number of principles and policies have been developed. These have evolved on the basis of extensive discussions within the faculty of the School and between the faculty and practitioners. In addition, the School carried out experimental pilot programs over a period of two years prior to implementa-tion of the full program. These experiments were carried out within the framework of the laboratory periods in Pharmacy and Pharmacology scheduled during the second semester of the fifth year in the old curriculum. Instead of traditional laboratory work, students were scheduled to work with practitioners in traditional community, and institutional pharmacies as well as in more experimental situations with practicing physicians, dentists and allied health personnel. Within the framework of the elective course in Hospital Pharmacy, students attended medical rounds and were assigned to pediatric and dermatology clinics. The experience gained from such pilot programs was invaluable in shaping the thinking and policies of the full scale program. It also allowed an opportunity to screen potential preceptors before faculty appointments were made.

Prior to sending students out for professional training, an attempt was made to bring practitioners into the School as clinical instructors in pharmacy laboratories. It soon became apparent that the only way to teach professional practice was in the field and not in a laboratory and that practitioners were much more at ease and effective in teaching within the environment of their own practice, than in a school laboratory. Probably more than any other trial program, this experience convinced the faculty that meaningful professional training could not be offered within the School itself.

From the discussions and experiments described above, the following basic principles and policies evolved:

- (1) Students are assigned to a preceptor and not a pharmacy. This places a definite responsibility on a single pharmacist for accomplishing goals, plus isolating the personal satisfaction that comes from successful teaching. This policy is implemented by having the student-extern work the preceptors schedule regardless of the time of day involved. Experience is limited to a minimum of 40 hours and a maximum of 48 hours per week. This 48 hour limit is often exceeded in the clinical pharmacy component.
- (2) Students are not compensated for their professional experience training but receive instead academic credit. The elimination of pay is an absolute necessity if the drawbacks of the old internship system are ever to be eliminated. The externship program more closely parallels the senior year in medical school and not medical internships. Scholarships and loans are available for students involved in the externship program on the same basis as they are available for didactic programs. Students are more likely to choose preceptors on the basis of the quality of experience gained when pay is not involved. More importantly, the elimination of pay allows many of the best practitioners who previously could not afford to hire students to be involved in the program.
- (3) All preceptors receive both faculty appointments and compensation. At the present time, most preceptors

are appointed to the rank of Clinical Instructor. Compensation is minimal based on a sliding scale dependent upon student contact time. As members of the faculty, clinical instructors are obligated to accept teaching responsibilities, participate in work shops relative to such teaching and are urged to attend continuing education programs.

- (4) Pharmacy preceptors are appointed on the basis that they exemplify the best qualities of professional practice available today and are "model" rather than "ideal" practitioners. Limiting the clinical staff to "ideal" practitioners would result in a failure to ever achieve implementation. By working closely with the staff of clinical instructors, the School has the obligation to contribute in any way it can towards the development of the model.
- (5) Students are allowed as much freedom of choice of preceptors and types of practice that is possible. This policy:
 - a. allows students the opportunity to determine for themselves the depth and breadth of the experience they desire and design a program that best meets their own needs.
 - b. provides a means by which students can aid in "selecting out" preceptors, i.e., preceptors who are not fulfilling the goals of the program.
 - c. provides a convenience to students in the form of travel and expenses. Some students may be able to live at home while completing a portion of their training.

When the full scale program was initiated in June, 1971, preceptors were divided among types of practice as follows:

| Community Pharmacy | |
|------------------------------------|----|
| pharmaceutical center | 3 |
| prescription pharmacy with limited | |
| departments | 9 |
| multi-department independent | 7 |
| small town | 4 |
| large chainstore operations | 3 |
| | |
| | 26 |
| Institutional | |
| teaching hospitals | 3 |
| general hospitals | 6 |
| specialized hospitals | 2 |
| | 11 |

- (6) Because academic credit is being given for the professional experience, it is mandatory that guidelines be set for each type of experience and that methods of evaluation be developed for both externs and preceptors. Preliminary experiences with methods of evaluation indicate that measuring professional proficiency and assigning a quantitative grade to it is a most difficult task.
- (7) Professional experience training is offered in blocks of time separate and distinct from didactic work. This allows the student to devote his full time and attention to one or the other and not both at the same time. Blocking of internship training into distinct units allows much greater flexibility in selecting training sites and eliminates the need to keep training sites in close proximity to the School.

II. Design of Experience Requirements

One of the basic goals of the Professional Experience Program was to assure an opportunity for students to receive training in a variety of professional role models as well as to specialize in that role model which best suited his or her needs. In the past system of internship as required by most states, it has been the usual policy for a student to find a job in one pharmacy and complete his entire requirements in that pharmacy. Broadening of this training base involved giving up one job for another, a risk that most students were unwilling to take. The changing role of pharmacy and specialization within the profession makes this type of experience antiquated.

As was mentioned previously, each student is required to spend one month each in community pharmacy, institutional pharmacy and clinical pharmacy. The core requirement for institutional and community pharmacy is fulfilled at the beginning of the program during the summer following completion of the fourth year of studies. During this core training, the mechanics, philosophy and responsibilities of traditional practice in each area are stressed. Specialization is discouraged except in those instances where externs have obtained extensive prior training outside of the School program. The remaining core experience (patient care) cannot be obtained until the student has completed the September-October didactic instruction in Therapeutics, Pharmacy Practice and Clinical Toxicology. The core month of clinical training involves intensive study and practice in one of the patient care areas of the Hospital under the close supervision of the Clinical Pharmacy Staff of the School of Pharmacy and members of the Department of Medicine of the Medical School. Student-externs are involved in developing drug histories of patients, overseeing drug administration to patients, noting subsequent pharmacological action and side effects, participating in working rounds with the medical staff and selecting drug therapy, providing drug information to physicians, other health professionals and medical and nursing students, and taking part in specialized conference activities and exit interviews with patients.

The last three months of the experience program give the student the opportunity to broaden his knowledge base still further by choosing to go to other types of community or institutional pharmacies or by specializing completely in the specific type of practice in which he or she is most interested. However, emphasis during this period is placed on assuring that the extern can actually function as a pharmacist within the elected setting.

The Professional Experience Program is divided into three phases:

Phase I — June, July, August —

Extern must complete one month training in both community and institutional pharmacy.

Phase II — November, December, January —

Extern must complete one month experience in patient care and one month elective experience.

Phase III — February, March —

Extern completes two months of experience in area of choice.

or April, May —

(same as February, March)

The content of each segment of the experience program is outlined in general terms, but flexibility is al-

lowed the preceptor in designing specific assignments. Emphasis is placed on the extern and preceptor working out an optimal program which best meets the students' needs. During Phase I, a suggested breakdown of time in community pharmacy is as follows:

| prescription dispensing | 350 |
|--------------------------------------|-----|
| patient interaction | 15 |
| pharmacy administration | 10 |
| drug and product information | 10 |
| compounding | 15 |
| non-prescription area (OTC, surgical | |
| appliances) | 10 |
| optimal special training | 5 |

A checklist is supplied to each extern which breaks down these categories into much greater detail and this is reviewed on the first day of training. In addition, a student fills out a daily worksheet in which he indicates the approximate allocation of his time to each area.

A number of assignments are also given to students during the various phases of the program. These include the writing up of various compounded prescriptions received and filled during the training or taken from a compounded prescription manual supplied to each preceptor. This manual includes actual prescriptions requiring compounding which are common to the area. Externs are also responsible for writing up case studies of actual problems which developed during the training sessions. Externs are supplied a list of most commonly used drugs and drug products and are expected to know common doses, dosage forms, indications, side effects, interactions and facts relative to patient counseling. During Phase III of the program, all students are required to review the Handbook of Non-Prescription Drugs and take periodic examinations on the material.

III. Requirements and Guidelines for Preceptors and Pharmacies

During the experimental pilot projects, the need for establishing requirements for preceptors and pharmacies became obvious. In choosing pharmacists for the PEP, the following qualities were considered:

- (1) willingness to accept the responsibility for guidance and training of externs and ability to devote time to such instruction;
- (2) reflection in appearance, attitude and practice, the highest standards of professionalism;
- (3) belief in the importance of patient care as the keystone of practice and personal communication between the pharmacist and patient and pharmacist and allied health practitioners;
- (4) willingness to participate regularly in continuing education programs of all types;
- (5) participation in local, state and national pharmaceutical organizations as well as community organizations or programs involved in health care;
- (6) length of time of practice and the experiences gained in that practice.

Initially, pharmacists were contacted who were known personally to members of the faculty due to participation in pharmacy affairs in the State or continuing education programs. Recommendations were also received informally from the Board of Pharmacy and the Maryland Pharmaceutical Association. These were then evalu-

ated during the pilot stages of the experimental program. About 25% of the pharmacists originally contacted dropped out or were cut before inauguration of the full scale program. In most cases, this was due to inability of the pharmacist to spend the time needed in extern instruction. The present policy is to hold periodic orientation sessions for all pharmacists who express interest in becoming preceptors. Pharmacists who appear both qualified and interested are then interviewed personally by members of the pharmacy department and visitations made to their place of practice. It is hoped that within a few years, the School will have a pool of up to 100 pharmacists who can rotate as Clinical Instructors for the program. The fact that the final appointment of the Clinical Instructors is a matter for the School alone to decide makes it easier to select only the most qualified and dedicated pharmacists from the large number who want to participate. The most serious problem to date has been the failure of interested pharmacists to fully appreciate the time and effort involved in fulfilling the goals of the program.

It is impossible to divorce the qualities of the practitioner from the environment in which he practices. Therefore, it was necessary to set guidelines for both community and institutional pharmacies. These guidelines were not drawn up to eliminate any type of practice from consideration, but to assure that the best conditions were possible within each type. These guidelines are summarized in Appendix A.

It is recognized that all facilities do not meet all guidelines at the present time. For instance, six out of twenty-six pharmacies in which preceptors practice do not have patient record systems but all of these are looking into the feasibility of establishing such systems, at least on a limited basis. These guidelines are continually emphasized at meetings of preceptors and self-evaluation programs for preceptors have been instituted. In addition, the Coordinator of the PEP visits each preceptor and discusses on site the program guidelines and assists the preceptors in his self-evaluation.

IV. Extern and Preceptor Profiles

In order to assist the extern in choosing a preceptor and type of practice, an extensive system of profiles has been developed. Each preceptor fills out a lengthy questionnaire concerning himself and the pharmacy in which he practices. In the case of the preceptor, this includes questions relative to his position, academic training, experience, participation in professional and community organizations, honors, publications, reading interests, continuing education and services to the School. In the case of the pharmacy, the questionnaire includes material relative to the type of practice and ownership, prescription volume, facilities, hours of practice, professional services, types of departments, methods of professional promotion. These profiles are available to externs when making decisions relative to where they would prefer to take their training and a copy of the preceptors profile is given to each student before he begins his training period.

Likewise, each extern is required to fill out a profile sheet which includes questions concerning his age, marital status, military service, academic experience, employment record, honors or achievements, professional goals and personal interests. In addition, the extern is asked to judge his own past experience in various areas of professional practice in terms of none, minimal, mod-

erate or extensive. This is updated after completion of each segment of the work experience program and a copy of the profile given to the appropriate preceptor prior to the beginning of each new training period. These profiles are presently being programmed and will be handled next year by computer.

V. Coordination

One of the major problems identified during the experimental phases of the program was one of coordination and communication. It was quickly determined that a full time coordinator was needed to take over the following functions:

- (1) guide extern in selecting training experience and preceptors who best meet his individual needs:
- (2) scheduling of externs based on above needs and availability of preceptors;
- (3) routine on-site visitations to extern-preceptor (no less than one a month);
- (4) trouble shooting individual problems as soon as they arise;
- (5) development of training assignments and forms;
- (6) distribution of information to preceptors and externs and collection of assignments and evaluation forms;
- (7) assist preceptor in self-evaluation of guidelines.

Each one of the above responsibilities entails a considerable amount of time and paperwork particularly during the organizational period. The appointment of a full time person to deal with these areas is an absolute necessity if a program is to have any chance of success. In particular, the ability of the coordinator to follow up on problems immediately served to instill in both externs and students confidence in the School of Pharmacy's interest in the new program.

VI. Evaluation

Due to the unique nature of the Professional Experience Program, there were few precedents in pharmacy for evaluating externship training. The awarding of academic credit made it mandatory that meaningful methods for evaluation be developed. Discussions with other professions, including medicine and nursing, offered some guidelines to approach but few contributions to detail. In spite of past complaints by pharmacists that academic grades in didactic courses were not a good measure of professional competence, they, themselves, found it difficult to measure clinical competence when given the opportunity. The following goals were set in the development of a grading system:

- (1) there should be no possibility of a student completing the degree requirements if he was not capable of practicing pharmacy in such a manner so as not to endanger the public;
- (2) excellence in the application of basic knowledge to professional practice should in some way be recognized;
- (3) as long as the program is a part of a five year B.S. program, the grading system should be complementary to that used in the two professional years so that overall records can be integrated;

- (4) no single preceptor should have the power to cause a student to repeat his entire professional experience training;
- (5) the system should be flexible enough to reflect aptitude in a number of very different types of practical experiences.

Although a pass-fail system would have been much easier to implement, it was decided to experiment with a graded system compatible to that presently employed in didactic courses. This would provide a mechanism whereby clinical performance would have a significant impact on total academic performance. This is an important concept if schools of pharmacy are really going to commit themselves to clinical training. Students are rated on a scale of 5-1, corresponding to grades of A to F in 13 different categories by each preceptor at the end of each month of training. In addition, each preceptor administers an exit examination as well as evaluating overall progress as well as performance. Finally, assignments required during each phase are evaluated by the Coordinator. The results of all of these factors go into the determination of the final grade.

Of equal importance to grading of the student is the determination of the quality of the work experience and the effectiveness of the preceptor. Each extern fills out an evaluation sheet on each preceptor which rates willingness to devote time, knowledge, ability, communicative skills and environment. An extern is also able to comment on those things which most impressed him and least impressed him about the preceptor and the pharmacy in which he practices. In addition to this evaluation, the Coordinator fills out a visitation report each month based on his observations and discussions with the preceptor and extern in the clinical environment.

In order to maximize learning and teaching experience, evaluations by preceptors are available on each student by the end of the program, individual conflicts between preceptors and externs are identifiable and may be discounted. Problems have arisen due to failure of preceptors to be critical enough of students who perform poorly but attempts are being made to improve such evaluations. Obviously, preceptors must have some experience with a variety of students before they can make sounder judgments. In addition, preceptors often tend to evaluate extern on the basis of traditional concepts of practice and not on newer precepts of clinical pharmacy.

VII. Identification of Problems

When persons or schools are as intimately involved or deeply committed to a program, as is the case at Maryland, it is very easy to concentrate on the advantages and accomplishments and not problems. On the other hand, for persons interested in studying such a program, it is most important that problems be identified. Following is a list of some of those problems which were encountered at various stages and how they were handled:

(1) need for rapid communication and coordination

Appointment of a Coordinator, regular mailings to preceptors, PEP Newsletter, conferences with externs and preceptors at the completion of each phase of the program.

(2) compensation for students

This has not been as much of a problem as anticipated except for summer months. It is empha-

sized to students that the fifth year program is an eleven month academic program. Loans and scholarships are available for the months in professional experience training on the same basis as for didactic work.

(3) students with extensive prior experience

This has not been a real problem due to the variety of experiences available within each type of practice. For instance, a student who may have worked extensively in a chain pharmacy may never have worked in a pharmaceutical center.

(4) difficulty in establishing individual extern-preceptor relationships in institutions due to specialization

Externs rotate through a limited number of sub-preceptors. Major problems still exist with supervision and evaluation. Problem has not arisen in community pharmacy.

(5) failure of co-workers other than preceptor, to grasp role of the extern and goals of the PEP

Development of orientation sessions for co-workers in which the role and objectives of the extern is explained. Proper introduction of extern during first training day.

(6) failure of pharmacist-preceptors to meet responsibilities of their position or strive towards goals outlined in guidelines.

In the very few instances in which this has occurred the preceptors have realized their limitations and withdrawn from the program.

(7) excessive involvement of externs in routine non-learning experiences

In spite of all precautions, the heritage of the past still plagues the program. Constant vigilance and communication is necessary to assure maximum learning experiences.

(8) failure of students to exhibit intellectual curiosity and encourage development of learning situations

Some students still look on the program as a hurdle, not a learning experience. Although opportunities to learn are maximized, some students fail to make good use of their opportunities. The lack of pay is a big motivation to encourage learning as no monetary award is being gained from time spent. Other problems which have occurred in a few individual instances include:

- employee pharmacist preceptors hampered by dual responsibility to both extern and his employer;
- (2) reluctance of preceptors to involve externs in routine practice because they are not paying them;
- (3) negative aspects of environment overcoming positive qualities of the preceptor;
- (4) superior knowledge of extern (particularly in pharmacology) tending to inhibit rather than encourage communication with preceptor;
- (5) aggressiveness of extern in dealing with patients/physicians, was bothersome to more traditional preceptors;

(6) incompatibility of externs appearance and preceptors appearance.

VII. Future Goals

The Professional Experience Program at the University of Maryland has, the faculty believes, opened a new era of communications between the practicing pharmacist (both community and institutional) and the School of Pharmacy. A relationship that began somewhat formal and strained has developed into one which both the practitioners and School are finding to be mutually beneficial. Both groups are going through a re-education process. The program is probably the best continuing education experience yet employed by the School.

The program has offered a forum in which the School not only interacts with the preceptor pharmacists but preceptor pharmacists are forced to evaluate themselves in a number of professional areas. These include:

- (1) the establishment and effective utilization of patient record systems;
- (2) identification and prevention of drug interactions and allergies;
- (3) effective means of structuring and evaluating professional proficiency as it relates to pharmacy practice;
- (4) the use of community and institutional pharmacies as compounding and dispensing laboratories.

Recently, at a meeting of preceptors in which the preceptors themselves served as panelists, they discussed problems with patient record systems and orientation of professional and ancillary personnel in pharmacies to the goals of the Professional Experience Program.

In addition, all preceptor pharmacists were presented with starter kits of Millipore^[R] filtration equipment and its use demonstrated. This is in line with the fact that the School of Pharmacy is now employing Millipore^[R] filtration almost exclusively in undergraduate pharmacy laboratories.

The School is also providing all preceptors with basic reference books which should be available in pharmacies and encouraging the establishment of a more complete drug information library to be used jointly by the extern and preceptor.

In addition, the following services are being planned by the School:

- (1) Preceptor Newsletter—covering topics of current interest and providing guides for more effective professional practice.
- (2) Supplying preceptor pharmacists with audiovisual materials developed in ambulatory care areas of hospital, on patient education relevant to drug utilization.
- (3) Establishment of community pharmacy residencies similar to hospital pharmacy residencies where interested students can practice in community pharmacies at the same time they are completing work toward advanced degrees (M.S. or Ph.D.).
- (4) Tying in pharmacy preceptors with the Maryland Poison Information Center and the developing drug information center.

(5) Enrollment of preceptors in clinical pharmacy courses such as therapeutics and the patient care clerkship. Providing the same lectures on tape to pharmacists and the same reading assignments and tests (within the framework of the Continuing Education Program).

The question that might arise is how does this affect the vast majority of pharmacists who are not involved in the Professional Experience Program and the answer is that it provides the model whereby these interactions and services can be expanded further. Presently, the School is working with approximately 40 community and institutional pharmacists. Within a few years, it is anticipated that this will approach 100 (with pharmacists moving in and out of the program). However, there is no reason that the interactions developed as a result of the program cannot extend to as many pharmacists as are interested. At least, the School and the community pharmacists are working together with a common goal and a common pride in their achievements.

APPENDIX A

Guidelines for Community Pharmacies

- (1) The pharmacy must have been operating under the same management for at least one year.
- (2) The pharmacy must dispense at least 5,000 new prescription orders per year.
- (3) The pharmacy must be free of any owner connected State Board violations for which a penalty has been imposed.
- (4) The pharmacy must meet all standards set by all governmental agencies including the State Board of Pharmacy, Bureau of Narcotics and Dangerous Drugs and the Food and Drug Administration.
- (5) The pharmacy must be open for practice at least 48 hours per week.
- (6) All areas of the pharmacy must be clean and reflect a professional image. In particular, the prescription department including the counter and drug storage area must be clean, uncluttered, washed and/or dusted regularly, well lighted and generally maintained in such a manner to allow for maximum efficiency and a minimum opportunity for errors.
- (7) The pharmacy should have a professional library which includes recent editions of both pharmacy and pharmacology texts and journals.
- (8) The pharmacy should have a waiting area with chairs for patients and preferably an area set aside for patient consultation.
- (9) The pharmacy should utilize a patient record system for all or some of its patrons.
- (10) The prescription area must have a sink with hot and cold running water and a place to store clean glassware and utensils under cover.
- (11) Provision should be made for special drug storage including those requiring security, or refrigeration. Drugs must not be stored in areas of excessive heat and preferably, the pharmacy should be air-conditioned
- (12) The packaging of all drugs must meet specifications outlined in "The United States Pharmacopeia" and the "National Formulary."

- (13) All solutions and reconstitutions of prescription drugs must be made with distilled water except ophthalmic solutions and other special solutions which should be prepared with sterile, distilled water as other sterile vehicles.
- (14) Millipore^[R] filtration equipment should be available for filtration of all small volume solutions.
- (15) All drug products should be arranged neatly on shelving in such a manner as to allow for easy utilization with minimum chance of errors. As required by law, drug products must never be changed from one container to another without complete transcription of pertinent information, including lot numbers.
- (16) Telephone, location and facilities should allow for the transcription of phone messages with a minimum of extraneous interference. The preceptor may wish to utilize telephone taping methods in compliance with the legal provisions for installation and use of taping equipment.
- (17) A representative line of efficacious, non-prescription drugs must be carried by the pharmacy. The sale of ineffective OTC drugs should be discouraged. Pharmacy clerks and other non-professional personnel should not be permitted to recommend OTC drugs without first consulting with the pharmacist. No bonus incentive should apply to the sale of OTC drugs or parapharmaceuticals.
- (18) The pharmacy must promote health information to the public by means of literature, displays, mailing, or personal involvement of pharmacists.

Additional Guidelines for Participating Institutions

- (1) The hospital shall be accredited by the Joint Commission on Accreditation of Hospitals.
- (2) The pharmacy shall be licensed by the appropriate State agency.
- (3) The pharmacy shall reflect the legal and service requirements for the size and mission of the hospital. The pharmacy must meet all standards set by all governmental agencies including the State Board of Pharmacy, Bureau of Narcotics and Dangerous Drugs and the Food and Drug Administration.
- (4) For purposes of the Professional Experience Program, it is desirable that the pharmacy have facilities to serve both inpatients and ambulatory patients (Note: Only those prescriptions shall be filled in the outpatient pharmacy which have originated within the hospital).
- (5) The pharmacy shall have adequate facilities to carry out a broad scope of services such as:
 - a. departmental administration
 - b. outpatient dispensing and control
 - c. inpatient drug distribution and control
 - d. formulation, preparation and control of sterile and non-sterile dosage forms
 - e. drug information services
 - f. Clinical services in patient care areas

- (6) Separate storage shall be provided for the following drugs and associated supplies in the patient care area:
 - a. internal medications
 - 1. tablets and capsules
 - 2. solutions, syrups, suspensions, etc.
 - b. external medications
 - 1. ointments, creams, etc.
 - 2. solutions
 - c. parenteral medications
 - d. intravenous solutions
 - e. controlled drugs (i.e., narcotics, barbiturates, etc.)
 - f. emergency drugs and equipment
 - g. test reagents
 - h. antiseptics and disinfectants
 - i. cleaning agents
 - j. flammable or explosive liquids
- (7) It is desirable, on the ambulatory care area, that a patient record system be instituted.
- (8) It is desirable that the inpatient pharmacy receive a copy of the physician's order (in his handwriting).
- (9) A pharmacist shall be responsible for the proper labeling of all containers of drugs, chemicals and pharmaceutical preparations used in patient care.
- (10) Monthly inspections of drug supplies and storage conditions of drugs kept in areas other than the pharmacy shall be made.
- (11) The pharmacist shall be responsible for determining specifications for drugs, chemicals and pharmaceutical preparations used in patient care.
- (12) All drug orders for selected drugs such as narcotics, sedatives and others shall be discontinued after a predetermined period of time, such as 72 hours, unless (a) the order indicates an exact number of doses to be administered, (b) an exact period of time for medication is specified, or (c) the attending physician reorders the medication.
- (13) A procedure shall be developed by the pharmacy to administratively handle investigational drugs.
- (14) The pharmacist-in-charge, or his designee, shall be a member of and actively participate in the Pharmacy and Therapeutics Committee of the medical staff. This committee shall meet not less than four times a year.
- (15) The pharmacy shall be responsible, through the Pharmacy and Therapeutics Committee, for the preparation and updating of a hospital formulary.
- (16) The pharmacy shall aspire to obtain the cooperation of the medical staff in the reporting of adverse drug reactions and drug utilization reviews.
- (17) The pharmacy shall aspire to obtain the cooperation of the Emergency Department in making available to the Maryland Poison Information Center all applicable information.

Clinical Pharmacy At The University of Maryland Hospital

Peter P. Lamy, Ph. D. Associate Professor and Director, Institutional Pharmacy Programs

Many factors are combining to change the concept and pattern of health care delivery. Pharmacy, an important segment of the health care industry, has not been excluded from the demand for change. Indeed, it has proposed a completely new concept of pharmaceutical services, i.e., Clinical Pharmacy, a concept which has been instituted to varying degrees in a growing number of places.

Several factors which have contributed to these changes can be isolated:

- 1. Growing Awareness of Adverse Drug Effects:
 The unintended and undesirable clinical manifestations which may follow single and multiple drug therapy are steadily increasing in the present era of polypharmacy. There is no question that particularly multiple drug prescribing has produced a harvest of harmful drug effects and interactions.
 - a. Three to five percent of all hospital admissions are the result of an adverse drug reaction.
 - b. Eighteen percent of all hospitalized patients have an adverse drug reaction. Some sources have reported that as many as thirty percent of all hospitalized patients are so afflicted.
 - c. Adverse reactions may double the number of hospital days.
 - d. Seventy percent of all drug reactions are predictable. Eighty percent of the predictable drug reactions are preventable without compromising the therapeutic benefit to the patient.
 - The Task Force on Prescription Drugs has estimated the economic cost of care for drug toxicity at about three billion dollars yearly.
 - f. The American Medical Association has announced that its Registry of Adverse (Drug) Reactions is being phased out, as less than two percent of all physicians take the time to report adverse drug reactions.
- 2. Changing Concepts in Drug Delivery:

The multi-dose concept of drug delivery is rapidly being displaced by unit-dose drug delivery. National studies have shown a 13% error rate under the traditional multi-dose concept in hospitals comparable to the University Hospital. Pharmacy, incorporating the unit-dose principle, has been able to reduce this error rate to 2% and less.

In addition, it is very probable that in specialized areas, such as pediatrics and geriatrics, a member of the Health Care Team will prescribe an individualized dose for the patient, taking many factors into consideration and calculating a dose tailor-made for the specific patient.

3. The Concept of Drug Equivalency:
The F.D.A. has established a unit which is developing methods designed to compare bioavail-

ability of drugs from different dosage forms or from similar dosage forms originating from different manufacturers. The American Pharmaceutical Association is strongly supporting efforts to repeal what has been termed the "antiquated" antisubstitution laws. Certainly, the pharmacist will most definitely be involved in the selection of the specific drug to be dispensed, be it ordered generically or by trade name.

4. Changing Concepts in Drug Therapy:

Almost certainly, drug therapy, in the coming decade, will change radically. Not only will drugs be utilized in the management of the patient and for their curative effect, but also in a preventative role. Dose regimens will be established using such parameters as body weight or body surface to calculate the dose. Plasma drug levels and renal clearance rates will play an important part in establishing maintenance doses.

Specialized IV therapy, such as hyperalimentation solutions, have already been established as an effective means in the management of the patient, where individual electrolyte levels are established. Furthermore, it is not inconceivable that some drugs will be developed which might have a very low therapeutic index, i.e., they may originally exert a rather toxic effect before their curative action becomes effective. This type of drug therapy would then require a much more intensive monitoring effort of the patient and the therapeutic regimen.

In addition, completely new dosage forms are being developed which would be implanted and would release predetermined amounts of drug over prolonged periods of time.

5. Changing Concepts of Health Care Delivery:

Change, even gradual, from the present system to a "preventive" care system will produce additional demands. These may come about due to an anticipated quadrupling of ambulatory visits and a change in the make-up of the patient population. Quite possibly, the hospital will be used only for severely ill patients who will need much more rigidly defined and controlled therapeutic regimen.

This, in turn, would speed the development of primary and secondary care concepts and health care centers not based in the hospital but possibly in remote areas. In such centers, a team of pharmacists and nurses will deliver the initial health care, referring only those cases to the physician at the home hospital which require indepth attention. This team would be responsible for the patient's management.

6. The Developing Concept of Patient Education: Potentially serious errors in self-administration of drugs by patients are being reported to a large degree in the literature.

Effective self-care is based on and can be achieved only through skilled education of the patient which is not now being undertaken. Suggestions have been published that the pharmacist may well be the health professional who is educacationally qualified to be entrusted with this important function.

Other Developments

Other developments in the field of health care delivery must be mentioned. The demand for health care is increasing. There is strong pressure to train physicians more quickly with the aim of increasing the number of practitioners. An increased number of physicians, faced with an increased number of patients under the proposed "preventive" care system, may well respond with an extraordinary increase in prescribing of drugs. This, in turn, will almost certainly demand a shift in the educational system and Clinical Pharmacy can fulfill an important function, i.e. participation in an interdisciplinary educational system.

These educational efforts would be directed toward several different goals, i.e., the reduction of drugs prescribed per patient, rational drug therapy, and others. In addition, an extensive effort must be made to improve the practitioner's and the student's ability to interpret the extensive literature and advertisements concerned with drugs.

The educational functions must be extended to the clinical setting. Many physicians still ignore the core knowledge of chemistry, absorption, distribution, metabolism and excretion of drugs, dose response and other factors essential to the establishment of rational therapeutics. The basic scientific education of the clinical pharmacist can provide expertise in pharmacokinetics, chemistry concerned with the structure-activity relations of drugs, and the mathematics and drug assays in body tissues as background information vital to a good therapeutic regimen. This knowledge of the clinical pharmacist will make possible assessment of bioavailability of drugs, for example, and the possible effect of drug product formulation on the desired clinical effect of a drug. The "service" function of the clinical pharmacist is being increasingly recognized and demanded, as dose-response relations, comparative potency, interactions between drugs, drug disposition, the relation between the concentration of a drug in the plasma and its effect, genetic factors and others will play an increasingly important role in the establishment of the therapeutic management of a patient.

The increasing number of drugs available to the physician, particularly the number of potent drugs, really means an increase in the need for subspecialists to teach about their specific classes of drugs in a good clinical setting. This "educational" setting will invariably expand into a setting for research in the use and action of drugs. This is a natural function of clinical pharmacy, working in close cooperation with the departments of medicine, pharmacy and pharmacology.

Thus, it would appear that the role of Clinical Pharmacy in patient care areas, while still evolving and still being debated, can be pretty well defined. Unfortunately, the same claim cannot be advanced for the role of Pharmacy in general, and Clinical Pharmacy in particular, for the Ambulatory Care Area.

It might appear somewhat nonsensical to admit to a "health care crisis" in light of the ever-expanding and impressive health care system as well as the spectacular advances recorded by the health professions, particularly medicine. Yet, there is growing concern regarding the disparity between the potential and actual performance of the health care system.

Ambulatory Care

Unquestionably, most Americans encounter only one phase of the health care system, i.e., the ambulatory phase and, frequently, they find health care excessively costly, episodic, fragmented, often humiliating and, quite unfortunately, often unavailable or inaccessible. The poor, the young and the elderly, those who require medical care most, most often suffer the consequences of inequitable distribution of health services.

Ambulatory care, in fact, accounts for more than 90 percent of the patient contacts with the health care system. Yet, direct expenditures for ambulatory care range probably between 25 to 50 percent of the total health care bill.

Easy redress of this situation is probably not possible, due to the pervasive inflation of medical costs. Since 1960, for example, hospital costs have risen at a rate of 15 percent a year (Of note is the fact that while health care costs in general have risen steeply, drug costs have risen only imperceptibly). Thus, a general search for means to increase productivity of health manpower and facilities is urgently needed. This must include a searching inspection and discussion of the current role of Pharmacy in the ambulatory area and, more importantly, it must include a definition of pharmacy's role vis-a-vis the other health professions within the total concept of ambulatory care.

The concept of ambulatory care is changing rapidly and drastically. Preventive ambulatory care, including diagnostic procedures, is being advocated, rather than hospitalization. Pharmacy will have to define its role in such emerging concepts as Family Health Care Centers, Outreach Programs, Neighborhood Health Care Centers, and Health Maintenance Organizations. Noteworthy is the fact that Secretary Richardson recently told the Senate Health Subcommittee that H.E.W. will propose legislation which would permit H.M.O.-affiliated physicians to delegate any function he is licensed to perform, notwithstanding any State law.

Access to the Health Care System will be easier to the average patient and, no doubt, more people will avail themselves of the services available. In addition, massive and concerted efforts, rather than isolated and sporadic ones, can be expected in the areas of V.D., drug and alcohol addiction and others. This, in turn, will certainly require new planning, not only for space and personnel, but also for the function of each health profession.

Proposed functions of the clinically oriented pharmacist might include dispensing of O.T.C. drugs from a formulary for a pre-determined number of doses when a patient presents himself with a complaint at the Pharmacy. This would relieve overcrowded conditions in the various clinics. Other proposed functions might include pre-screening of the patient's record before the patient is seen by a physician, exit interviews, home care visits and health education by pharmacists in various clinics, such as the maintenance clinics.

Furthermore, delivery of pharmaceutical services, including those by clinical pharmacists, might well revolve around de-centralized pharmacies located in the major clinics.

Clinical Pharmacy At Maryland

In 1970, the School of Pharmacy and the University Hospital agreed to support jointly a Clinical Pharmacy program with both educational and service functions. The program, overall, should provide improved health care delivery and improved patient care. Specifically, the program:

 Should help to provide an efficient, error-free system of therapeutic management of the patient in the hospital.

2. Should provide ultimately unbroken, around-theclock drug control and surveillance of drug

therapy for all inpatients.

3. Should result, long-range, in certain economic savings. Once the program has been established, there should be a marked decline in drug "loss," in needless use of drugs, in drug abuse and misuse, and in errors, which might lead to law suits against the hospital.

4. Should lead to rational drug therapy. Drug therapy monitoring and surveillance can be expected to lead to a sharp drop in the use of certain drug

classes, such as sedatives and others.

- Should provide an interdisciplinary teaching effort for pharmacy, medical and nursing students.
- 6. Should form a basis for research in the areas of drug use and effectiveness.
- 7. Should form a basis for grant requests.

To accomplish the service function of Clinical Pharmacy, the needs of the patient that can be met by Pharmacy were established as follows: (listed chronologically):

- 1. Drug usage history (past and present, relative to patient's problems and complaints)
- 2. Establishment of therapeutic regimen and management of patient's disease process.
- 3. Screening for intervening factors, such as foods and diagnostic agents.
- 4. Preparation of special dosage form.
- 5. Distribution of drugs.
- 6. Supervision of drug administration.
- 7. Monitoring of drug therapy.
- 8. Collection, correlation and interpretation of statistics, such as on adverse drug reaction, drug interactions, drug utilization and evaluation of drug therapy.
- 9. Patient education.
- 10. Exit interview.
- 11. Clinical conference (physician, pharmacist, nurse, others)

Other, additional and special functions proposed for Pharmacy in general and Clinical Pharmacy in particular can be listed:

- 1. Provide drug information on a regular basis (newsletter, formulary, other means) and on a demand basis. These efforts must be backed by a complex support.
- 2. Educational efforts directed toward other health professionals. This might include the "function" currently being fulfilled by medical representatives. Participation in didactic courses for nursing students has already been accomplished, for example.
- 3. Special functions, such as participation in the cardiac team.

Clinical Pharmacy Service*

Before establishing a Clinical Pharmacy Service, consideration was given to three possible means by which this could be accomplished. Thus, a Clinical Pharmacist could be assigned to a particular physician, to a particular specialty or to a general service. Each of these possible avenues of operations has its advantages and disadvantages. It was decided that Clinical Pharmacy would be assigned to a general service, i.e., Medical Service on the 10th and 11th floor.

1. Service to Medical Service:

Each member of the Clinical Pharmacy staff is responsible to one of the services on the 10th and 11th floor Medical Service (A₁, A₂, B and C). Additionally, each staff member rotates through the Self-Care unit. Areas of Clinical Pharmacy responsibility to the Medical Service currently include:

- a. Attendance and participation in morning House Staff conferences at which information about newly admitted patients and other specific patient problems are discussed.
- b. Attendance and participation in morning work rounds. The Clinical Pharmacy staff participates in discussions which lead to therapeutic decisions.
- c. Patient data are being monitored for the purpose of evaluating the safety and efficacy of specific therapeutic regimens on a day to day basis. This includes:

Basic patient data: Age, weight, sex, race, admission date, occupation, etc.

General medical history data, obtained from the patient, physician, and medical record

Past and present drug history. Emphasis is placed on relationship to current patient problems, allergies and adverse reactions.

Baseline laboratory data, indicating the status of renal and hepatic function at time of admission.

Current laboratory data, indicating patient's present status. One reason for this is that laboratory data might be affected by drug therapy.

Maintenance of a day to day drug profile.

Day to day monitoring of laboratory values as they relate to drug therapy.

Subjective comments on patient's response to total therapy effect. Emphasis is placed on considering factors important in establishing rational drug therapy for each patient.

2. Pharmacy Service to the Self-Care Unit (11th Floor):

Patient's assigned to the Self-Care Unit (capacity: 14 beds) require a minimum of nursing care. The necessary nursing care is provided by

^{*}Several programs of the School of Pharmacy are in various stages of development. Some of these, if not all, will have considerable impact on the delivery of Clinical Pharmacy services. Among those might be mentioned a) a Regional Drug Information Center, b) a Drug-Identification Laboratory, c) a Pharm. D. program and d) the development of a toxicology program.

nursing service during the morning shift. All medications (except parenterals) are now the responsibility of the Clinical Pharmacy Service.

a. The Physician's Order Sheet is monitored throughout the day. Medications are obtained and a one to five day supply is delivered to the patient. (The actual amount of a specific medication delivered to the patient is dependent upon the reliability of the patient and the type of medication).

b. On delivery of the medication, the patient is instructed in its correct use. Any question the patient may have regarding the therapeutic

regimen is answered.

c. The patient is given a self-medication chart to note the time of self-administration.

d. The patient is interviewed each morning. At this time, any medication problems are noted. The medication chart is reviewed and refills. if necessary, are provided.

e. Surveillance of patient data (as outlined pre-

viously).

f. On discharge, the patient is instructed in the use of take-home medication.

3. Drug information:

The Clinical Pharmacy staff responds to requests for specific drug information related to individual patient drug problems (e.g. dosing in renal failure) as well as to requests for general information involving the use of drugs. Questions usually revolve around drug action, doseresponse relations, calculation of required dose, possible adverse effects or drug interactions, actions of drugs in the diseased state, and others.

Clinical Pharmacy Education Program

A very active educational program has been established. This program is divided into a didactic portion (in the School of Pharmacy) and a clerkship. Dr. Ralph F. Shangraw has been given overall responsibility for the educational aspects as Chairman of the Pharmacy Department, and Dr. Peter P. Lamy has been given overall responsibility for the service aspects as Director of Institutional Pharmacy Programs. Both aspects of this program are being coordinated and directed by Robert A. Kerr, Pharm. D., who is also intimately involved in the residency program. Dr. Kerr assumed this responsibility after Dr. H. Patrick Fletcher, who has been responsible for the original development of the program, resigned recently. Both programs are being conducted in active consultation with Herbert A. Kushner, M.D., Medical Coordinator for Clinical Pharmacy.

The main responsibility of the Clinical Pharmacy Staff in education is the direction and instruction of fifthyear Pharmacy students during the four-week clinical clerkship that is mandatory for each student. The students may, if they so desire, elect an additional four-

week cycle during the second academic semester.

The specific aim of this educational effort is to produce a pharmacist who has gained a significant knowledge in the area of patient care, i.e., to produce a clinically-oriented pharmacist.

The student's activities during the clerkship include the following:

 Attending service rounds on the 11th floor Medical Service.

- 2. Maintaining D.R.R. (Drug, Rationale, Result) profile on assigned patients on a day to day basis. The profile provides:
 - A complete record of the patient's therapeutic regimen.

b. The rationale of each drug prescribed, which is established on consultation with the pre-

scribing physician.

- c. The effect of each drug. This is evaluated by noting both objective and subjective parameters. The subjective parameters (for example, the calming effect of a tranquilizer) are determined by interviewing either the patient or the physician. The objective parameters (for example, increase in BUN after thiazide therapy) are determined from patient's chart.
- 3. Pre-admission drug histories on assigned patients.

4. Service on the Self-Care Unit.

- 5. Presentation of case histories of assigned patients within Clinical Pharmacy conferences. Emphasis is placed on decision-making process in establishing rational drug therapy. These conferences are directed by the Clinical Pharmacy staff, and they are attended by members of other health professions, i.e., nurses and physicians.
- 6. Drug information assignments relating to specific patients with specific therapeutic problems.

In addition to the undergraduate educational program, the Clinical Pharmacy staff is also responsible for a graduate-residency program in Clinical Pharmacy. Currently, four students are enrolled in this program.

Recently, an experimental program was developed with the cooperation of Julian Reed, M.D., Coordinator of Ambulatory Pharmacy Curriculum, which placed pharmacy students into the Family Health, Pediatric, Diabetes, OB-Gyn. and Dermatology Clinics. This has been very successful and it is anticipated that a mandatory component for training in the ambulatory care area will be part of the revised curriculum.

Board of Pharmacy Reflections Upon The University of Maryland School of Pharmacy Professional Experience Program

NORMAN J. LEVIN, B.S. HOWARD L. GORDY, PH. G. MORRISS R. YAFFE, B.S. FRANK BLOCK, PH. G.

The Maryland Board of Pharmacy is proud to be associated with the Professional Experience Program of the University of Maryland School of Pharmacy. The Maryland Board has observed pharmacy moving into true professional status with its educational program, practice standards, and licensure procedures. Throughout the nation we have seen progressively increasing minimum standards come to virtually all areas of the profession with the exception of internship. The Maryland Board and the Maryland School has elevated the internship program to its highest plateau ever by teaming up in bold legislative and scholastic efforts reflecting modernistic trends.

The standard internship program, of an intern spending a certain required time in a pharmacy which has met

certain minimum standards, was by necessity not uniform, not organized and lacking continuity. It was recognized that well meaning, conscientious pharmacists were stymied in many ways from becoming teachers that were able to project the many facets of community and hospital pharmacy so necessary to the young pharmacist of today. With these things in mind, the Maryland Board was delighted to join with the school in the establishment of a meaningful program.

Although the Board and School were engaged in the preliminary organizational activities of the program, we would be remiss not to acknowledge the assistance rendered by the Maryland Pharmaceutical Association, the third member of the Tripartite Committee. Many members of the Maryland Pharmaceutical Association have served with dedication on the Committee, and many members of the Association have devoted countless hours to receiving instruction and preparing themselves as preceptors. The preceptors are the necessary ingredients of a successful program.

The Board's first official step in making this program legally possible was to promulgate a change in Maryland Law, which gives the Board the power to regulate the internship program to be served as a qualification for licensure. This law became effective July 1, 1971. The Board then proceeded, in concert with the Tripartite Committee to promulgate a regulation which provides for licensure under this new law to applicants who may have received their Internship training in either of two categories:

- 1. Complete Internship Program Supervised by School of Pharmacy.
- 2. Partial or Non-Pharmacy School Supervised Program of Internship.

The above regulation is now in the hands of our attorney general awaiting official adoption.

Having made the necessary overtures to effectuate the licensure of pharmacists in our State, the Board then turned to its next equally important function of assuring all Maryland registrants in pharmacy the unobstructed privilege of securing a license in all states reciprocating under the National Association of Boards of Pharmacy. In this direction a joint request of Dean William Kinnard and the late Board Secretary, Francis S. Balassone, was filed with Fred J. Mahaffey, Executive Director of the National Association of Boards of Pharmacy. This note sought the National Association's approval of the Maryland Internship Program as developed by the Tripartite Committee. The Maryland Board is aware that the National Association seeks to eliminate the technicalities due to variations in internship programs and particularly variations in the element of time; however, the Maryland Board is also cognizant that the Association has a Constitution and By Laws which could prevent the Association from granting total approval. Nevertheless, the Maryland School of Pharmacy seems to have the green light in all areas but one. The area in question would apply to the Maryland registrant who seeks reciprocation in another state before he has legally practiced in Maryland for one year. It seems, as of this writing, that this paragraph from Mr. Mahaffey to the President of the Maryland Board of Pharmacy would be perti-

"The N.A.B.P. will take the necessary steps to see that all students who are engaged in a demonstration project are accepted by reciprocity at the earliest possible time. It is difficult for some boards to overlook the reading of their laws since they still contain the one year provision. Applying the 'legal practice' principal to these students will permit all of your graduates to reciprocate to any of the active member states should they have engaged in one year of legal practice. To fulfill a lesser period of internship training would have to be dealt with on an individual state basis."

The Maryland Board of Pharmacy is of the opinion that the Maryland School of Pharmacy Program is of such high quality both from the Community and Hospital approaches that it shall recommend its structure to the National Association as a major guideline to be followed by subsequent programs in Schools of Pharmacy.

The Hospital Pharmacist As A Preceptor

Vincent de Paul Burkhart Clinical Assistant Professor, School of Pharmacy

The role of a preceptor is not new to the hospital pharmacist. For years many hospital pharmacists have acted as preceptors in residency programs. Most of these are joint programs with a college of pharmacy which provide a Master of Science degree in hospital pharmacy. Graduates from these joint programs have, traditionally, gone on to provide the administration and direction of many hospital pharmacies throughout the nation.

New Undergraduate Program

At Maryland, through cooperative efforts of the University of Maryland, School of Pharmacy, the State Pharmaceutical Association and the State Board of Pharmacy, a new undergraduate program for internship has been established. This new structured program completely incorporates the internship of the undergraduate student into the pharmacy school curriculum. Students receive academic credit for this internship time just as they do for classroom and laboratory courses (1). The school selects those who serve as preceptors, sets standards and continually monitors the program. This program is designed to fulfill the necessary practical experience requirements of the student and enable him or her to take State Board examinations immediately upon graduation. The students are not paid for this internship time.

Changes in the traditional internship have become necessary in order to prepare the student to become more "patient" oriented and less "task or product" oriented. Similar changes are also occurring in the education of a pharmacist; patient communications, physician communication, monitoring drug utilization, prescription procedures, managerial procedures and sociopharmacy have become some individual course objectives to "bridge the gap" between academic teaching and pharmacy practice(2).

Professional Experience Program — Institutional Practice Phase

New dimensions in institutional and hospital pharmacy practice pose a real challenge to both the student and the preceptor inasmuch as the spectrum to be covered can extend from the filling of ward baskets to the actual administration of drugs to patients on nursing units(3). Giving careful consideration, as a preceptor, to meet this challenge the following step-wise approach is used at the University of Maryland Hospital Pharmacy:

1. Notification of Staff.

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2. Establishing a working relationship with the student (externs).

3. Establishing a program for areas of experience to be covered.

All these aspects must be closely interrelated to provide a solid foundation of experience.

Staff

The professional experience program begins with a memorandum sent to each pharmacist giving the name of the extern and the dates he or she will be rotating through the department. The staff is asked to cooperate with the program and to provide an environment conducive to learning for the extern. Areas are then delegated to various pharmacists to allow the student to gain an indepth experience from working with different staff members. These assignments are posted in calendar form.

Preceptor — Extern

The next step is to have a private conference with the extern to create a good working relationship. He should be explained the organization of the department, an overview of hospital pharmacy practice and a tour of the facilities. During his tour he should be personally introduced to the staff members.

As preceptor, the responsibility of overseeing the delegated experience processes will necessitate periodic discussion and possible oral examination with the extern.

The Experience Program

Most important is the actual experience program of the institution and the manner with which it is conducted. To date guidelines provided both the staff instructors and the extern on a check-list basis have proven most effective.

The guidelines at the University of Maryland Hospital Pharmacy consist of the following:

- Orientation of hospital distributive systems. This would encompass:
 - a. Direct Physicians' Orders
 - b. Departmental requisitions
 - c. Free Floor Stocks
 - d. Charge Floor Stocks (Stat & PRN)
 - e. Patient profiles
 - f. Narcotic distribution
- 2. The Physician's Direct Order System is explained in detail as to discontinuation of therapy due to:
 - a. Change of service
 - b. Surgery (general anesthia), etc.
- 3. I.V. Preparation
 - a. Laminar Flow and other equipment
 - b. Techniques
 - c. Hyperalimentation
 - d. Intravenous therapy—clinical aspects
- 4. Manufacturing and Extemporaneous Procedures and Controls
- 5. Narcotic Systems
 - a. Distributive
 - b. B.N.D.D. regulations
 - c. Records, etc.
- Physical Layout of hospital—future plans and goal
- 7. Administrators role in the hospital
 - a. Department communication
 - b. Budget allocations, etc.
- 8. Emergency Drugs
 - a. Standards throughout the hospital complex

- 9. Purchasing and Control
 - a. Inventory System
 - b. Formulary
 - c. Drug recall procedures, etc.
- 10. Explanation of Policies and Procedures governing drug therapy
 - a. Automatic Stop Orders
 - b. Leave of Absence Orders
 - c. Investigational Policies
- 11. Orientation to Drug Information Sources
 - a. Literature review
 - b. Incompatibilities—charts—graphs
- 12. Explanation of the Formulary System
 - a. How it works
 - b. P & T Committee involvement
 - c. Adding and deleting drugs
 - d. Non-formulary drugs
- 13. Explanation of liaison from pharmacy to other services
 - a. Committee involvement
 - b. RN orientation, etc.
- 14. Emergency Room Service
 - a. Samples
 - b. Drug representatives
 - c. Stocks
 - d. Limited formulary, etc.

In addition to these areas the student spends an administrative day with the preceptor and is sent to any appropriate hospital functions that may be occuring (i.e. Cardio-Pulmonary resuscitation classes, Pharmacy and Therapeutics Committee meetings, etc.). At the end of this rotation the extern is evaluated by the preceptor with the consultation of staff instructors.

Summary

The new professional experience program provides the student with a broad view of hospital pharmacy practice. There is no doubt that a student from this program is much better equipped as a practitioner for today's practice.

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Preceptor-Extern Program In The Community Pharmacy

by

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In the past, in addition to the required school courses, a pharmacy student was required to have one year of practical experience in order to qualify for licensure. The student was faced with not only the frustrating experience of finding a job to fulfill this requirement, but also trying to obtain a meaningful practical education along with the job. Unfortunately, the student often learned very little and in some instances became embittered with pharmacy and pharmacists.

However, with the new preceptor-extern program as established by the University of Maryland School of Pharmacy, there have been vast improvements made in the "old" system. First of all, the program designates that time be spent both in community and hospital pharmacies as well as specialized areas. In this way, the student is exposed to a broader scope of Pharmacy which allows him to better decide where he would like to practice.

Secondly, in the community pharmacy, there is only one preceptor per extern (student). Initially, the preceptor reviews with the student his or her overall strengths and weaknesses. After this review, the preceptor can decide the program to best aid this student. The areas of weakness are of major concern, but the student's strengths are included and reviewed, whereupon the two areas are brought into focus with one another. For example, a student with a solid knowledge of legend drugs can learn to utilize a patient record system in order to best detect any drug interactions or aid in proper selection of OTC products.

Third, the area of patient-pharmacist interaction is one of extreme importance. In most cases, the extern is allowed to communicate with and wait on the patient, maybe suggesting a better time for daily dosage or aid in selecting the proper OTC product. This is closely supervised by the preceptor who may suggest a better way or commend the extern on his selection advice. This enables the extern to gain experience in dealing with the public, but also builds the necessary self-confidence required of a pharmacist today.

But how does the preceptor fit into the program? Well, basically the preceptor takes on the same image as the professor in the classroom. The only difference is that the preceptor utilizes his pharmacy as the classroom and has only one extern at a time rather than a whole class. Just as the professor must teach his students his knowledge and skills so also must the preceptor teach the extern his knowledge and skills in the practice of pharmacy.

A Typical Day

Let us analyze a typical day in the program. Normally, the morning is the busiest time and the extern is a valuable asset in the morning rush. Usually in the afternoon, business slows down to the point where the preceptor can spend more time with the extern on their predetermined weaknesses. For example, if the weakness is knowledge of certain drugs, the preceptor, while filling prescriptions, will go over the medication, generic name, contraindicated items, etc. with the extern. The weaknesses of the extern are stressed heavily, but also placed into context with his previous knowledge to show the total picture.

Later in the day, the nursing home orders must be filled. It is here the extern learns to communicate with other members of the health team. The nurses continually call in the day's orders frequently asking questions about the medication dosages, etc. Although the preceptor handles the call he frequently discusses with the extern the questions involved. After allowing the extern to answer the questions, the preceptor will agree or may offer a better answer. As the preceptor feels the extern grows more proficient in his answers he will allow the extern to handle some of the nursing home calls. This helps build self-confidence within the extern as he efficiently handles the calls himself.

In the evening business once again picks up and the extern is a valuable asset with his help. Later in the evening, things slow down and the preceptor once again can spend more time with the extern. There are many things to be covered: problems of that day, OTC items, ordering, etc. Also, weaknesses covered that day are reviewed and any questions outstanding are answered so that the extern may thoroughly understand the problem.

Despite popular consensus, my pharmacy still does compound many prescriptions. If the compounded prescription is not too time-consuming, it can be done during the normal day's business; however, many times it is an ointment containing several ingredients which must be done later in the day after business slows down. Explaining the situation to the patient, the pharmacist asks if he may deliver the prescription later in the day. This not only allows the preceptor to finish his back-up prescription work, but also allows more time for the preceptor to work with the compounded prescription with the extern. In addition to the daily routine, the preceptor will schedule the extern at a time where the two can work almost exclusively on compounding. This time is usually a Saturday night or Sunday afternoon. The compounds are usually stock items the pharmacy keeps on hand, i.e., cough syrups, rectal ointments, nose drops, etc. Here again, the extern gains experience while the preceptor benefits from the reduction in his work load.

A Two Way Street

I would like to add at this time that the program can be a two way street. The preceptor provides the extern with most valuable information, but the extern is also a big asset. Not only does the extern furnish the extra physical help in the pharmacy, but also, more important, the preceptor with information. It is a form of continuing education for the preceptor. For example, the preceptor may teach that a drug is a tricyclic anti-depressant and the extern in return can review with the preceptor its pharmacological mode of action. After being out of school for a few years one can forget parts of pharmacology, medicinal chemistry, etc. and the extern can review with the preceptor the necessary information. In essence, the program can greatly benefit not only the extern but also the preceptor himself. Any inconveniences imposed on either party are greatly outweighed by the benefits gained.

Students Look At The Professional Experience Program

by

Barbara E. Dorsch and Stephen D. Lindenbaum

INTRODUCTION

When the Class of 1972 entered into the third year of pharmacy school, we inaugurated the new curriculum at the University of Maryland School of Pharmacy. We soon learned that we would be guinea pigs for this new venture in education. Although plans for our fifth year were not finailized at this time, we had many questions concerning this new program. Many of us found the new curriculum quite demanding and therefore requiring many hours of study to grasp the subjects taught to us. This new schedule attempted to condense the traditional courses of the final three years of pharmacy school into two years so that the final year was free for courses such

as therapeutics and parapharmaceutics as well as our clinical experience.

As the long awaited fifth year approached, our class raised many questions and complaints about the new program. Frequently, we questioned the relevance of many courses such as biochemistry or anatomy, but when we were finally able to apply our knowledge in the fifth year, we realized that these courses were essential to the understanding of clinical situations and in many cases we wished our knowledge had been more extensive.

June 1971 soon came and brought the start of our professional experience program. Reactions varied from satisfaction to dislike. Word quickly spread concerning the experiences encountered by our classmates and many rough spots in the program were smoothed out in the first months of this experience. Any new program will undoubtedly have problems and this one was no exception. Some preceptors did not seem to understand our role. Initially, some thought that we were to provide free labor for the month. In this and other problems, we soon learned that feedback was essential to save the difficulties that arose. The coordinator of our experience program was a true mediator and one to turn to if problems arose and through him we were able to solve most difficulties.

As members of the first class to participate in this pilot program, we have been exposed to a variety of experiences which have had a definite impact on our education. As a result of these experiences we have developed some definite opinions which describe our practical experience program.

Advantages:

- 1. We have had the opportunity to provide a greater input into the care of the patient. This has been achieved by taking an active role in the health care team. This was experienced in both inpatient and outpatient situations, and involved contact not only with physicians and nurses, but also with social workers, lab technicians, and therapists. By being physically present, the pharmacy student was a valuable aid in providing drug information and therefore showing our capabilities and ways of aiding in the patient's care.
- 2. As with other health professions, the role of the pharmacist is changing. Through our experience we are more aware of this changing role and responsibilities of the pharmacist of tomorrow. If he is to be a valuable professional he must be primarily concerned with delivering first class health care.
- 3. Before this program was instituted, most students worked only in one pharmacy or hospital until graduation. Under this program, we have had the opportunity to work in a variety of settings where pharmaceutical care is delivered. This has included traditional and not so traditional community and institutional pharmacies. By working in different environments we have a greater knowledge and respect for all aspects of pharmacy, as well as a better idea of which type of pharmacist we wish to be.
- 4. Working with other health professionals has enabled us to establish working relationships which allow a free exchange of ideas between all concerned. This has also served to upgrade the image of the pharmacist in the eyes of the other health professionals.
- 5. By seeing patients in all phases of disease, and studying exam and test data, the term 'rational drug

therapy' has taken on a realistic meaning. We have been taught to consider the entire patient in deciding the course of treatment, and therefore will provide better care.

6. Since our working experience is intended to also be a learning experience, the use of reference books was encouraged and frequently necessary to answer the questions which often arose. This was beneficial not only for the student and preceptor, but also for the physician and patient. The preceptor also was in a way forced to update his knowledge in order to keep up with the student's latest knowledge. In a good pharmacy, the student had an excellent opportunity of applying and broadening his clinical knowledge.

Problems:

Inherent in all programs, particularly during initial stages, are problems, and it would be unfair not to present some of them.

- 1. There are a few students who will be leaving the State soon after graduation. They are not sure whether or not their externship training program will be accepted by these states in fulfillment of experience requirements for licensure.
- 2. One of the major complaints was the fact that our experience would be without pay. Since many of our classmates were dependent on their incomes for their support, they had to spend extra hours working at paying jobs. However, this might not be as great a problem as initially anticipated since the program only took eight weeks of the summer and during the school year, time spent in experience programs was not as demanding as school work in the amount of time spent on outside work so that one might be able to fit in some working hours.
- 4. Despite many openminded practitioners, there are still some old school physicians and pharmacists who respond to students' ideas as if they were unrealistic and radical.
- 5. Besides those outside the profession, there are some pharmacists who oppose this new program as well as the changing role of the pharmacist.

As an extern, one does not feel like just another emplopee of the pharmacy. Most preceptors are willing to spend the time with their students to show and explain the many facets of their practice. This might include a visit to a nursing home being serviced by the pharmacy or attending a meeting of the local pharmaceutical association or a trip to the Medicaid office to check on the eligibility of a patient or payment for submitted prescriptions.

As our fifth year is coming to an end and we are about to start our careers as pharmacists, there is a general feeling that we have been better prepared to accept our role than previous classes. We feel that through our experiences we have learned first hand about the duties of various types of pharmacists as well as other members of the health care team. We learned that service is necessary in order to profit from a program such as ours, however it must be tempered by an environment which is conducive for learning and furthering our knowledge in the area of the pharmaceutical sciences. In our program we sought the answers to questions and did not try to learn only the mechanical actions of being a pharmacist. It meant learning to see the patient as a whole person with problems other than just his present illness and trying our best to help him in any way possible.

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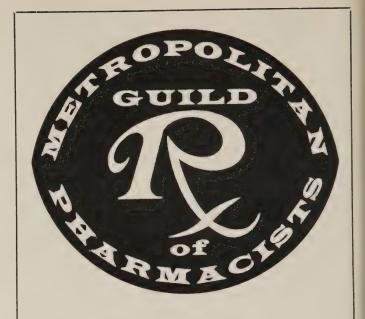
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In The News . . .

GEORGE E. BENSON of Seattle, Washington, has been elected President-Elect of the National Association of Retail Druggists and will be installed as President at the 1972 convention in Chicago, October 1-4. Mr. Benson is a member of the Prince Georges-Montgomery County (Maryland) Pharmaceutical Association.

PATRICK BIRMINGHAM of Baltimore and Dr. LARRY BLOCK of Pittsburgh (former Baltimore resident) are among 15 pharmacists appointed by the ASHP Research and Education Foundation to the 1972 Advisory Panel on Awards. Also on the Panel is PAUL PIERPAOLI of Rockville, Connecticut, former Chief Pharmacist at the Union Memorial Hospital in Baltimore.

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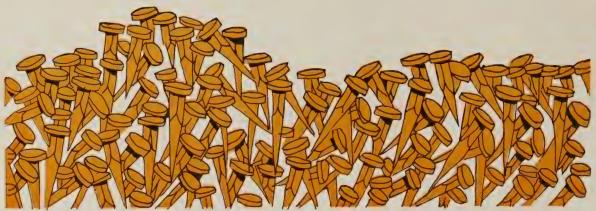
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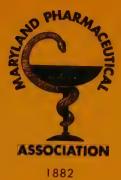
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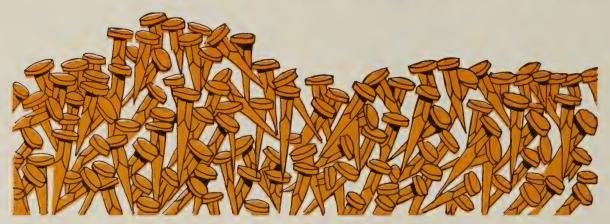
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Editorial ...

PSF OF MARYLAND -Key To Pharmacy's Future

The Maryland Pharmaceutical Association for a number of years has tried to emphasize the need for mechanisms to assure pharmacy's input into every activity involving the delivery of health care. Our special concern has been to assure that pharmaceutical services of high standards are provided by utilizing the most effective means through incorporation of all viable resources of both the governmental and private sectors.

Furthermore, Maryland Pharmaceutical Association has been committed to the basic policy that all pharmaceutical services must involve duly educated and licensed pharmacists and under their control, the standards of practice, peer review, and utilization review must be developed and implemented by pharmacists.

Maryland Pharmaceutical Association several years ago secured the amendment of the Maryland Insurance Code to include pharmaceutical services. The Maryland Pharmaceutical Services Corporation was to furnish the framework for a pharmacy sponsored prescription insurance program or administrative system.

We also have addressed ourselves to the possible sponsorship of pharmacies and of pharmacist owned HMO's in localities without adequate pharmaceutical services and of group practice of pharmacy.

The development and publication by the National Pharmacy Insurance Council (NPIC) of "Guidelines For the Formation of A Prototype Pharmacy Group Practice Including a Model Operational Review System" was a catalyst to the interest and efforts of Maryland Pharmaceutical Association.

One of the vital conclusions of the many years of work by Maryland Pharmaceutical Association and its Committee on Prescription Insurance Programs was the realization that many of the problems of the pharmacy "third-party payment plans" was the lack of delineation of what constitutes proper standards of pharmaceutical practice and service.

In other words, if we could come up with a listing of such standards and practices fully documented as to their necessity for effective health care, then we could proceed to compute their costs and the remuneration required to pay for them. In addition, the documented public health justifications would enlist for us a greater understanding of our functions on the part of other health professions, legislators, health administrators, underwriters and very important, the general public who are the patients.

At the same time, the University of Maryland School of Pharmacy was concerned with the effects of third-party payment programs on pharmacy practice and how the curriculum should be structured to meet the educational needs for pharmacy practice under changing conditions. As a result a "Task Force on The Effects of Third-Party Programs on Pharmacy" was formed made up of representatives of the faculty and of the Maryland Pharmaceutical Association.

It is with this background that the "Task Force" laid the groundwork for the formation of the "Pharmaceutical Services Foundation of Maryland, Inc." (PSF).

Pharmaceutical Services Foundation will focus on working with HMO's and third-party payment groups to assure pharmaceutical services of high standards at economical cost and equitable compensation. It will seek for feasible alternatives to monolithic on-site approaches for pharmaceutical services in health centers.

With the rapid expansion of HMO's and other "group" plans, aided by the fusion of large federal grants, the time to make Pharmaceutical Services Foundation strong and effective is short.

The success of the Pharmaceutical Services Foundation depends on immediate action through broad support by all pharmacies to assure wide-spread availability of participating pharmacies. If the vast majority enroll, pharmacy in Maryland will have the machinery and muscle to negotiate from a position of unity and strength with "third-parties," whoever they may be.

Have you returned your Pharmaceutical Services Foundation enrollment form?

-Nathan I. Gruz

NOTE: For further details about Pharmaceutical Services Foundation see article in this issue, "The Pharmaceutical Services Foundation of Maryland, Inc."

PHARMACY CALENDAR

October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.

October 22-25—Maryland Pharmaceutical Association Fall Regional Convention Round-Up, Las Vegas, Nevada.

December 3-7—American Society of Hospital Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada.

Notice To APhA Members -

Due to a change in the manner of APhA billing, the issuance of pocket cards by the APhA has been temporarily discontinued. Beginning with the 1973 billing, APhA members will be issued an identification card with the bill.

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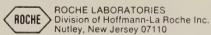
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BERNARD B. LACHMAN

President Maryland Pharmaceutical Association

1972-73

Bernard B. Lachman, President of the Maryland Pharmaceutical Association for 1972-73 has a record of deep involvement and accomplishment in the affairs of pharmacy on both local and state levels.

His early experiences in association work were on the Public Relations Committee. He has since served in practically every area of association work including MPhA Health and Welfare Committee, Budget and Finance, Legislative, and as a member of the Executive Committees of both MPhA and the Baltimore Metropolitan Pharmaceutical Association (BMPA).

President Lachman served as Vice-President of the MPhA and on the MPhA Board of Trustees as President-Elect. In 1969 he was President of BMPA, having previously been the Vice-President. For two years he was Chairman of the BMPA Mid-Atlantic Drug and Cosmetic Show.

President Lachman was Chairman of one of the key committees in the MPhA, the Legislative Committee from 1966 to 1969. It was under his chairmanship that one of the most far-reaching legislative programs sponsored by the MPhA was enacted in 1967. The new law defines the "practice of pharmacy" for the first time and revises the definition of what a "pharmacy" is. In addition, the law grants authority to the Board of Pharmacy to promulgate rules and regulations regarding the practice of pharmacy, including the promotion and advertising of professional services.

When the University of Maryland School of Pharmacy set up study committees in 1968 to revise the curriculum, Mr. Lachman was appointed Chairman of the Committee on Community Practice.

As Chairman of the MPhA Application Committee, he led the effort to achieve affiliation with APhA which became effective in 1971.

In addition, he served on the Pharmacy Services Committee of the State Medical Assistance (Medicaid) Advisory Committee, and now is a member of the Advisory Committee and its subcommittee on Physicians Services. He also held appointments to the Pharmacy Advisory Committee to Maryland Blue Cross.

Governor Agnew appointed him to the Commission on Crime and Dangerous Drugs.

Mr. Lachman was an organizer of PHARMPAC (Pharmacists' Political Action Committee). He holds membership in the APhA, NARD and the Alumni Association of the University of Maryland School of Pharmacy.

President Lachman received the Order of the Double Star, an award given by AZO Pharmaceutical Fraternity for distinguished service to the community and the profession of Pharmacy.

"Bunky," as many of his friends refer to him, operates a community pharmacy in partnership with his brother, Marc Lachman, in Reisterstown.

Mr. Lachman is a native Baltimorean, a graduate of Forest Park High School and the University of Maryland, receiving a B.S. in 1945. He is married to the former Selma Berdiansky and is the father of three children, Diane, Larry and Jan.

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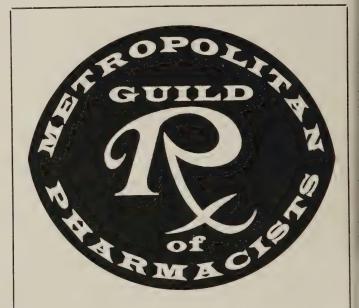
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WILFRED H. GLUCKSTERN 1930-1972

Honorary President (Elected Posthumously)

Wilfred H. Gluckstern, Baltimore County Pharmacist was elected posthumously as Honorary President of the Maryland Pharmaceutical Association. The selection was made for his contributions to the advancement of pharmacy and for the exemplification of high standards of practice in pharmacy. He died suddenly on March 27 and would have been 42 years of age on April 12, 1972.

Mr. Gluckstern was Vice President and Secretary of the five Howard and Morris Pharmacies which he operated with Morris Bookoff.

Mr. Gluckstern graduated from the University of Maryland School of Pharmacy in 1951, receiving the L.S. Williams Practical Pharmacy Prize. He was a graduate assistant in Pharmacology from 1951-52 and served as a clinical instructor in Pharmacy from 1968-69. He was one of the group of pharmacy practitioners who participated as a preceptor in the pilot program of externship.

He contributed to the development of the Professional Experience Program and was one of the molders of the program providing the viewpoint of an enlightened practicing pharmacist.

He was long active in pharmaceutical associations, having served on the Executive Committee of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. As Chairman of the MPhA Professional Relations Committee, he served on the Liaison Committee of the Medical and Chirurgical Faculty of Maryland (the state medical society). His

leadership contributed to the development of the Code of Cooperation adopted by both Med-Chi and MPhA. His philosophy in inter-professional relations activities with the other medical professions was to gain recognition of the pharmacist's capability to contribute significantly as a member of the health team. As a result, he initiated the idea of pharmacists conducting tests for diabetes in their pharmacies and at testing centers rather than just giving out Dreypacks and pamphlets in connection with diabetes detection programs.

"Will" Gluckstern opened the Monument Pharmacy in East Baltimore in 1955, selling it in 1958 to open the first Howard and Morris Pharmacy, which was essentially restricted to prescriptions and related health products. He entered the "apothecary" type of operation because of his long-time desire to utilize fulltime the professional and scientific education he had received as a pharmacist.

With his partner he successfully demonstrated that there was an unmet need for pharmacies clearly and primarily identified with pharmaceutical services and pharmacy as a health profession. He remained firmly committed to his philosophy and refused to compromise for temporary expediency.

His memberships included the American Pharmaceutical Association and the American College of Apothecaries. He completed the Medalist Orthotics Training Course and the Puritan Bennett Workshop on Respiration and Related Equipment in 1970.

Mr. Gluckstern was also a member of Chizuk Amuno Congregation and the Executive Committee of the Chestnut Ridge Country Club.

He is survived by his wife, the former Sylvia Jachman, and three children, Ilene, Michael and Sandra.

Will Gluckstern leaves a vacuum, not only for his family and friends, but also for his profession and the community he served.

—Nathan I. Gruz

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MPhA In Action Board Of Trustees Meeting

NATHAN I. GRUZ, Executive Director

March 9, 1972

The following is a summary of actions taken at the March 9, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter from the Rhode Island Hospital commending the association for the article in the January issue of The Maryland Pharmacist on hospital pharmacy.
- -Noted communications on the generic drug bill.
- —Noted receipt of letter from the Justice Department regarding pharmacist's responsibility in complying with the law in the proper completion of information on prescriptions for BNDD drug items.
- —Noted communication from state medical society regarding possibility of closed-circuit TV (MEDIC) continuing education for pharmacists.
- —Approved President's report noting appointment of a Board of Pharmacy Committee with Mr. Sollod as chairman. The President reported on meetings with state legislators and on attendance at meeting of the Eastern Shore Pharmaceutical Society in Federalsburg.
- —Approved Treasurer's report noting increase in income from dues over same period last year.
- Executive Director reported that 83 pharmacies had signed up in the Esskay prescription program with 31 participating. Maryland Health Planning Agency is formalizing its policy on hospital licensing. APhA projected budget was reported at an anticipated \$1,825,000. Announcement that Mary Connelly will be the recipient of the third annual W. Arthur Purdum Award at the MSHP Hospital Pharmacy Seminar on June 9 in Ocean City. The Maryland Pharmacist will publish material on the professional experience program of the School of Pharmacy.
- Executive Director's main activity has been legislation; other activity has included third-party programs. Invited to participate in a panel discussing legislation at the Prince Georges-Montgomery County Pharmaceutical Association. Attended the Board of Pharmacy meeting.
- —Received Membership Committee report. Several committee meetings were held and information was mailed to the local associations.
- —Approved Public Health Information Committee report. Pharmacy will participate in a new state pick-up program involving the use of a new culture media in V.D. diagnosis. A Speaker's Bureau was discussed.
- —Approved Legislative Committee status and progress report.
- —Received Convention Committee report. Chairman Lachman visited the Washingtonian and met with Edward Nussbaum of the Prince Georges-Montgomery County Pharmaceutical Association.
- —Approved report of Prescription Insurance Plans Committee, Chairman Bookoff reported on the progress of the Task Force on Third-Party Payments and the Pharmaceutical Services Corporation. Dr. John Schae-

- fer has accepted appointment as a member of its Board of Trustees. The potential role of the Maryland Health Maintenance Committee was reviewed. Per capitation in pharmacy and its resulting requirement for utilization and peer review was explored. Representatives from a union trust fund have communicated concerning establishment of a prescription drug program.
- -School of Pharmacy report. Dean Kinnard reported the School is acquiring additional personnel to administer Health Care Planning. The Poison Information Center was transferred to the School of Pharmacy on February 1 with a pediatrician in charge and two additional full time employees. Program expansion is anticipated into the areas of self-destructive behaviour. The Alumni Association has provided \$1,000. for construction of sleeping quarters to assist in coverage of the Poison Information Center. The licensure reciprocity policy is undergoing evaluation by the NABP with regard to period of professional experience training and concurrent hours. The goal of 20 per cent minority student enrollment is being reached. Tutorial period, extended programs for part time students and skill improvement sessions are being offered.
- —Approved Board of Pharmacy Committee report. The committee recommended separation of the roles of Chief of the Division of Drug Control and Secretary of the Board of Pharmacy. Approved motion that the report of the Board of Pharmacy Committee be brought before the House of Delegates for approval. The method of nominating members to the Board was discussed.
- —Heard report from Joseph Kaufman, MPhA legal counsel, on the status of the Drug Product Selection bill, commenting on the excellent testimony given by the Association. The State Medicaid budget for the coming year has not been reduced. Study of legislation regarding subprofessional personnel will be required. Articles of Incorporation for the Pharmaceutical Services Corporation have been filed.
- —Accepted Alder Simon's declining of the nomination as Treasurer. Elwin Alpern has accepted this nomination on a mail ballot with Morris Lindenbaum.
- —Approved the placing of an advertisement in the Alumni Association's Banquet Program and in the "Terra Maria."
- —Approved renewal of membership in the NARD.
- —Approved waiver of MPhA membership dues for nonpharmacist applicants to the APhA Academy of Pharmaceutical Sciences.
- —Reviewed the problem of peer review and the handling of grievances.

April 13, 1972

The following is a summary of actions taken at the April 13, 1972 meeting of the Board of Trustees:

- —Noted receipt of correspondence from the Extension Homemakers Club expressing appreciation for assistance in providing speakers on drug abuse.
- —Noted receipt of memorandum from the Food and Drug Administration describing the regulation which places paregoric on prescription status nationally effective June 3, 1972.
- —Noted receipt of correspondence regarding the NARD-Lederle Interprofessional Service Award and requesting nominations for this award prior to August 15, 1972.
- -Approved President's report relating activities regard-

ing legislation and membership recruitment. President Schwartz spoke to students at the University of Maryland School of Pharmacy on the role of the professional association.

- —Approved Treasurer's report.
- —Executive Director reviewed this year's legislative activity indicating an increased number of bills affecting pharmacy and public health over previous years. Attendance was noted at the Maryland Health Maintenance Committee meeting. The Committee's policy statement was reviewed and two changes proposed by MPhA were adopted, one concerning the definition of pharmaceutical services and the other regarding the goals of HMO's serving the best interests of the patient. The first formal meeting of the Board of Directors of the Pharmaceutical Services Foundation was announced.
- -Received Membership Committee report.
- —Received Public Health Information Committee report reviewing the efforts and publicity regarding Poison Prevention Week.
- -Approved the Convention Committee report.
- —Reviewed the proposals of the Board of Pharmacy Special Committee. Agreed that Mr. Charles Tregoe's name be on the list of nominees submitted in May, 1972 for replacement of Mr. Levin's expired term.
- -Approved report of Third-Party Payment Plans Committee which reviewed Medicaid budget.
- —Approved Legislative Committee report reviewing 1972 legislative session. Bills affecting pharmacy which were

killed included a bill requiring expiration dates on prescription labels, a bill requiring pharmacists to fill Medicaid prescriptions, four bills which would have allowed advertising of prescription prices, a bill requiring pharmacists to inform patients if a less expensive drug is available, a bill to change the composition of the Board of Pharmacy and a bill regarding Fair Trade. Senate Bill 195 was enacted as amended allowing pharmacies to be listed in Commission on Aging publications as giving discounts to patients over 60 years of age by special recognized agencies or by commissions on aging. House Bill 573 was passed as amended allowing pharmacies to dispense a generic drug in cases where the drug appears on the Maryland Medical Assistance Formulary List providing that the pharmacist notify the physician of the change and that the pharmacist pass on any savings realized to the patient, effective December 31, 1972.

MPhA sponsored bills:

- —House Bill 1160 was amended to require manufacturer's name or the name of the distributor responsible to be listed on the label of legend drugs, the actual manufacturer to be listed with the State Department of Health. Senate Bill 621 allows any health subscriber to go to the pharmacy of his choice.
- —A rising voice of tribute was offered to Mr. Gruz on behalf of his outstanding work in the interest of pharmacy during the 1972 session. The need for continued and renewed efforts during the coming year was emphasized.

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Maryland Pharmaceutical Association House Of Delegates Reports

SPRING REGIONAL MEETING ANNAPOLIS HILTON HOTEL MARCH 16, 1972

The Maryland Pharmaceutical Association House of Delegates was called to order at 10:15 a.m. by Speaker Sydney L. Burgee, Jr. The following reports were presented:

President's Report, Nathan Schwartz Legislative Committee Report, Paul Freiman, Chairman

Convention Committee Report, Bernard Lachman, Chairman

Convention Trip, Alder Simon, Chairman Executive Director Report, Nathan I. Gruz Board of Pharmacy Committee Report, Melvin Sollod, Chairman

1. Recommended separation of positions of Chief, Division of Drug Control and Secretary, Maryland Board of Pharmacy.

2. Recommended the following procedure for selection of Board of Pharmacy appointments for positions vacated by death of Francis S. Balassone and expiration of term of Mr. Levin in 1973.

A letter should be sent out to every pharmacist in the state informing them that they may apply if they would be interested in serving on the Board of Pharmacy. Final selection is to be made at Annual Convention in May.

Mr. Morris Yaffe explained the position of the Board of Pharmacy, as opposed to the separation of the two positions. He outlined the powers and duties of the Board of Pharmacy and of the Division of Drug Control. He explained that the inspectors for the Board are not Board members but work under the Division of Drug Control. Report of Nominating Committee, Donald O. Fedder

The Nominating Committee submitted its report to the Board of Trustees which approved the report as follows:

President Elect—Anthony Padussis, Sydney Burgee; Vice President—Richard Parker, Mary Connelly; Treasurer—Morris Lindenbaum, Elwin Alpern; Board of Trustees (replacement for Stephen Hospodavis) Stephen Hospodavis and Samuel Weisbacker; to replace Morris Bookoff—Melvin Rubin and Rudolph Winternitz.

Election will be by mail ballot. A resume of each candidate and duties of each office will be mailed out to each member with ballots.

Membership Committee Report, Melvin N. Rubin

OLD BUSINESS (none)

NEW BUSINESS

- 1-Mr. Fedder/Lubman moved to accept report of Nominating Committee. Approved unanimously.
- 2—Martin Hauer noted that Jack Goldberg, a pharmacist member of the Comprehensive Health Planning

Agency for the State of Maryland had resigned from this position. He recommended that House of Delegates establish a committee to select a candidate for replacement and to submit name to Dr. Eugene Guthrie, the Executive Director of the Agency. Speaker of House took this matter under advisement.

3—Motion by S. Ben Friedman/Hauer to establish a Bylaws and procedures Committee for the House of

Delegates. Motion carried.

4—Motion by Jerome Mask/Friedman to call a special meeting of the House of Delegates before the annual convention in May to receive the report of the Bylaws and Procedures Committee. Motion carried.

5—Mr. Simon Solomon, Life member of the Board of Trustees, explained why he did not advocate the separation of the two positions (Board of Pharmacy Secretary and Chief, Division of Drug Control.).

6—In response to a question by Joseph Dorsch, President Schwartz explained that he was in the process of establishing a Peer Review Committee with Chair-

man, Wilfred H. Gluckstern.

7—Motion by Gerald Freedenberg/S. Ben Friedman to reject report of the Board of Pharmacy Study Committee. Discussion—Morris Yaffe requested Association to recall three names submitted at last year's convention, which were submitted to fill vacancy of expired term of Howard Gordy, and to submit new list with Charles Tregoe, the acting Chief of the Division of Drug Control, as the preferred choice, in order to permit appointment of a County resident. Motion by Gerald Freedenberg carried.

8—Motion by Gerald Freedenberg/Friedman to recall 3 names submitted at last year's convention for Howard Gordy's replacement, hold these names for submission to fill Mr. Levin's position, and to submit now new slate with Mr. Tregoe's name at top of list.

9—Alder Simon/Mask made motion to table Mr. Freedenberg's motion and to appoint a new committee of the House of Delegates which will submit recommendation on how to fill Board vacancies at emergency session of House of Delegates. Motion carried. The meeting recessed at 1:00 p.m.

AFTERNOON SESSION

2:30 p.m. House session reconvened by Speaker, Sydney L. Burgee, Jr.

1—Announcements by Speaker of:

a) Meeting of House of Delegates scheduled for April 13, 1:30 p.m. at MPhA headquarters. (Kelly Memorial Bldg.)

b) Committee on By-Laws and Procedures: Henry Seidman, Chairman; G. Freedenberg, B.

Freedman, J. Mask, D. Fedder.

c) Committee for Selection of nominee to Comprehensive Health Care Planning Agency:
 M. Hauer, Chairman; M. Leonard, I. Kamenetz,
 S. Hospodavis, N. Pelissier.

d) Committee to Recommend Procedures For Filling of State Board Vacancies: A. Simon, Chairman; M. Yaffe, M. Sollod, J.

Dorsch, P. Lindeman

2—APhA Recommendations Committee Report, Donald O. Fedder

3—The Speaker requested each delegate of House read over February 26 issue of APhA Newsletter and to come to April 13 meeting prepared to vote on each APhA recommendation. Detailed information available on each item from Executive Director.

4—Motion by S. B. Freedman/Simon that the President should have the authority to send correspondence to the membership without censorship by anyone else in the Association. Motion by Mask/Morris Yaffe to table this motion. Motion to table defeated. The motion carried.

6—Paul Reznek report of meeting with NARD president Crawford Meyers in Louisville, Kentucky.

7—Session was adjourned at 4:10 p.m.

Special Meeting Of House Of Delegates

KELLY MEMORIAL BUILDING APRIL 13, 1972

The meeting was called to order at 1:45 p.m. by Speaker Sydney L. Burgee, Jr.

 A moment of silence was observed in memory of Wilfred M. Gluckstern.

2. Report of Special Committee on Board of Pharmacy, Alder Simon, Chairman.

The Committee recommended (1) that one person hold the two positions of Chief Division of Drug Control and Secretary of the Board of Pharmacy; (2) to ask for the resignation of county member of the Board to permit the nomination of Charles Tregoe, the Acting Chief of the Division, to the Board; (3) to retain the present list of nominees now before the Governor for appointment to the vacancy of Howard Gordy.

Motion by Seidman/Simon to receive the report.

Passed.

Mr. Schwartz moved that Charles Tregoe be nominated for the list to be submitted in May provided his appointment as Chief of Division of Drug Control is confirmed and that the previous list of nominees from the Eastern Shore for vacancy of Howard Gordy be retained. Seconded and passed.

Mr. Lindeman /Simon moved to endorse the policy of one person for the two positions of Chief of Division of Drug Control and Secretary of the Board.

Passed.

3. Appointment of pharmacist to Comprehensive Health Planning Agency. Report of Special Committee (Martin Hauer, Chairman; Michael Leonard, Co-chairman) stated that the recommendation was for Leonard Rosenberg. Motion by Jerome Mask/Vicino to accept the report was passed. The speaker referred the recommendation to the President to follow up as to possible consideration of candidate for appointment.

4. Bylaws and Procedures Committee. Henry Seidman,

Chairman

Mr. Pelissier/Hospodavis moved for acceptance of the

report. Passed.

There was discussion of the proposed Bylaws for the House and nominating procedures. Mr. Truitt/Mask moved for acceptance with amendments required in the MPhA Constitution and Bylaws.

the MPhA Constitution and Bylaws.
The Speaker requested Mr. Sollod, MPhA Constitution and Bylaws Chairman, and Mr. Seidman to complete the necessary revision of the MPhA Constitution and Bylaws.

The meeting was adjourned at 3:15 p.m.

University Of Maryland School Of Pharmacy Alumni Association

Ronald A. Sanford of Baltimore was installed as President of the University of Maryland School of Pharmacy Alumni Association at the 46th Annual Graduation Banquet on Wednesday, May 31 by Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association and a Past President of the Alumni Association. The event was held at Eudowood Gardens in Towson.

Also installed were 1st Vice President Charles H. Tregoe, 2nd Vice President Mary W. Connelly, Secretary Emeritus and Honorary President Dr. Frank J. Slama, and Treasurer H. Nelson Warfield. Dorothy L. Levi is Executive Secretary of the Alumni Association. The Executive Committee consists of Chairman Anthony G. Padussis, Judy Austra, James B. Culp, Marvin Goldberg, Charles A. Sandler, David Y. Serpick and Leon Weiner.

At this year's banquet, Dr. William J. Kinnard, Jr., dean of the pharmacy school, introduced each senior to the alumni. The 11 living members of the Class of 1922 received certificates recognizing them as 50-year alumni. Following this, alumni president Anthony Padussis presented Morris L. Cooper, curator for the Maryland Pharmaceutical Association, with an Honorary President Award.

The Honored Alumnus Award was given by Dr. John Krantz, professor emeritus and former recipient of the award, to Dr. John Burr Frosst. Considered a pioneer in the Canadian prescription industry, Dr. Frosst received his Ph.G. from the School of Pharmacy in 1920.

Following graduation, he joined the Charles E. Frosst and Co. pharmaceutical manufacturing firm. After serving as purchasing agent, plant manager, and vice president, he was chosen as president in 1959. In July 1965. the company was acquired by Merck and Co., Inc. and Dr. Frosst was board chairman of that company until his retirement in 1966 at the age of 66. He also served as officer of various subsidiary companies associated with Frosst and Co. and was a director of the Guardian Trust Co.

He was a member of the Pharmaceutical Manufacturers Association of Canada for many years and vice president from 1963 to 1964; member of the Pharmaceutical Manufacturers Association of the United States: member of the board of directors of the Montreal YMCA and president from 1951 to 1953; vice president of the World's Alliance of the YMCA; president of the Montreal Council of Social Agencies from 1937 to 1939; and member of the board of directors of the Montreal Council of Social Agencies and its related welfare associations for many years.

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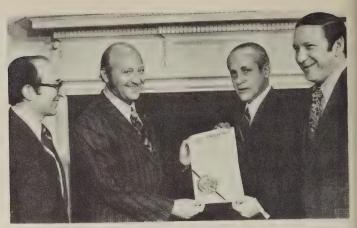
Photo taken at the Spring Regional Meeting of the Maryland Pharmaceutical Association, Annapolis, Maryland, March 16, 1972. (l to r) Bernard B. Lachman, MPhA President Elect; Ralph Engel, Director, National Pharmacy Insurance Council and featured speaker; Nathan Schwartz, 1971-72 MPhA President.



MPhA President Nathan Schwartz (2nd from left) congratulates Richard D. Parker, acting chairman, Pharmaceutical Services Foundation of Maryland, Inc. Looking on are Ralph T. Engle, National Pharmaceutical Insurance Council and Nathan I. Gruz, Executive Director, Maryland Pharmaceutical Association.



Working Session of the first meeting of P.S.F.



Governor Marvin Mandel, 2nd from right, presents official proclamation denoting Poison Prevention Week, to Nathan Schwartz, 1971-72 President of MPhA. Looking on are Nathan I. Gruz (left), Executive Director of MPhA and Paul Freiman (right), Chairman of MPhA's Public Health Information Committee.



Members of the Pharmaceutical Services Foundation of Maryland, Inc. are shown at the group's first meeting. (l to r) seated: Dr. David A. Knapp, Morris Bookoff, President. standing: Gary Taylor; John R. McHugh, Vice President; Gerald N. Freedenberg, Treasurer; Ralph T. Quarles, Secretary; and Richard D. Parker, then Acting Chairman.

—Photos by Paramount Photo Service

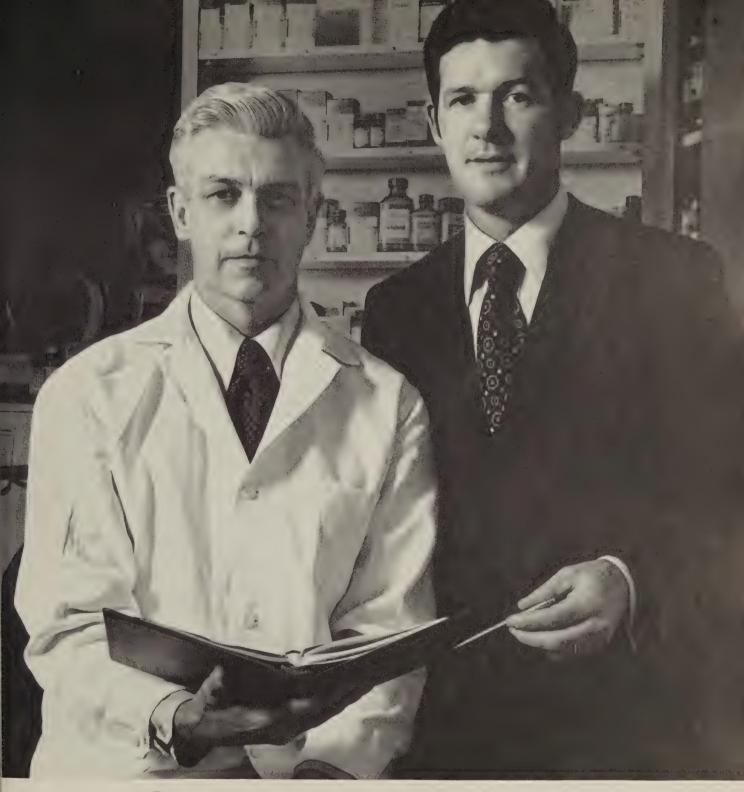
OEO GRANT

Dr. David A. Knapp, associate professor of pharmacy administration, School of Pharmacy, has been charged with designing and testing a model system for drug utilization review in OEO neighborhood health programs, and he has been awarded \$18,000 to do it.

The money comes to the school as a subcontract from the American Pharmaceutical Association. The original \$250,000 grant, made to APhA from the Office of Economic Opportunity, was earmarked to study the provision of pharmaceutical services to the poor.

"Our part," Dr. Knapp stated, "will be to develop a system to monitor and evaluate the use of drugs in OEO Health Centers."

Participating in the project from the School of Pharmacy are: Dr. Dean E. Leavitt, chairman of the pharmacy administration department; Dr. Robert Kerr, instructor in pharmacy; David Roffman, associate in the clinical pharmacy program; and Brenda Brandon, research assistant.



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The Pharmaceutical Services Foundation of Maryland, Inc.

The Pharmaceutical Services Foundation of Maryland, Inc. (PSF) was formally launched on April 25, 1972, when the first meeting of its Board of Trustees was held in Dunning Hall of the University of Maryland School of Pharmacy.

Pharmaceutical Services Foundation is the culmination of the efforts of the Maryland Pharmaceutical Association to establish a more effective means for pharmacists to determine policies for pharmaceutical services in third-party payment programs and for various kinds of health centers. In particular the Maryland Pharmaceutical Association Prescription Insurance Plan Committee under its chairman, Morris Bookoff and its precursor MPhA Committees on Governmental Health Plans, Medicaid and Medical Care worked actively for many years to represent the profession in both private and government programs.

Mr. Bookoff stressed the importance of defining what should constitute pharmaceutical services under insurance programs and the great need for establishing standards. He recommended that a study of these factors be made under the School of Pharmacy auspices. Thus, in the fall of 1971, Dean William J. Kinnard, Jr., initiated a "Task Force on the effect of a Third-Party Programs on Pharmacy," with Dr. Dean E. Leavitt, Chairman of the Department of Pharmacy Administration as Chairman and with Dr. David A. Knapp, Associate Professor of Pharmacy Administration as Secretary. Maryland Pharmaceutical Association representatives were Morris Bookoff, Gerald Freedenberg, Richard D. Parker, John R. McHugh and Donald Schumer. Harry Bass, Alan Jaskulski, and Ralph Engel are also members. Maryland Pharmaceutical Association cooperated with information and counsel from Joseph S. Kaufman, legal counsel and Nathal I. Gruz, Executive Director.

The Task Force was charged with a review of Third-Party programs in the State, their effects on pharmacy practices, the effects of change in practice on the programs and finally, whether the new curriculum meets the educational needs of the practitioners in such programs.

Since the initial interest of MPhA in establishing some organized machinery to meet pharmacy's problems regarding Third-Party programs, health centers and HMO's (Health Maintenance Organizations), NPIC (National Pharmacy Insurance Council) had issued its "Guidelines For The Formation of A Prototype Pharmacy Group Practice Including a Model Operational Review System" (MORS). This was a catalyst to the interest and efforts of MPhA.

Ralph Engel, National Pharmacy Insurance Council's Executive Director, presented the details of the document in an address to MPhA at its Spring Regional meeting, March 16, 1972. Mr. Engel emphasized the importance of establishing a foundation for group pharmacy practice. He urged all pharmacists to become informed about the emerging systems of health care, such as HMO's, and to support the Pharmaceutical Services Foundation which was being formed.

Pharmaceutical Services Foundation's original trustees were: Richard Parker of Kensington, Acting President; Morris Bookoff and Gerald Freedenberg. Articles of Inauguration and Bylaws were agreed upon. The plan was for a Board of Trustees to consist of six participating members (owners of pharmacies), two non-participating members (pharmacists who are not owners of pharmacies), one health professional (physician or other), and two consumer representatives.

At the meeting of April 25, Acting President Parker presided. Mr. Bookoff presented an introductory statement, during which he said:

"It is the objective of the pharmacy foundation to allow an unassembled group of pharmacy practitioners to retain their independent practices, but collectively contract to provide pharmaceutical services.

"This approach will place the responsibility of administration and control of pharmaceutical programs in the hands of community pharmacists. For it will be pharmacists themselves who determine the merits of patient record cards, continuing education, delivery service, 24 hour emergency service, drug product selection, etc. In other words, it will give pharmacists an opportunity to control their professional destiny. The foundation will provide them with the mechanisms needed to function as independent, yet closely related groups. It will allow the pharmacist to retain his identity and still participate in the emerging health care delivery system.

"The PSF will assume the role of a master foundation to:

- 1) Develop guidelines for pharmacy practice—to be known as Standards of Practice.
- 2) To form committees for peer review and utilization review.
- 3) It would seek to educate the public, labor groups, 3rd party administrators, and HMO's on the virtues of this concept of pharmaceutical service.
- 4) PSF could develop computer programs to assist the pharmacist in implementing new systems.

"Much has been accomplished towards these goals during the past month. Much more is yet to be accomplished. I am confident that this Board with the added expertise and guidance of its new members will lead PSF to great heights and bring to the citizens of this state a type of pharmacy service which will be the envy of pharmacists throughout the nation."

Mr. Engel described the work of several pharmacy foundations in other parts of the country. He discussed both fee-for-service and capitation methods of reimbursement.

Mr. Gruz commented on behalf of Maryland Pharmaceutical Association. He pointed out the long interest of Maryland Pharmaceutical Association in the objectives for which Pharmaceutical Services Foundation was being organized and pledged the continued cooperation of the Association in serving the group's goals. He suggested Pharmaceutical Services Foundation investigate sponsorship of a complete HMO.

Dean Kinnard then presented remarks on behalf of the School of Pharmacy at the University of Maryland. He pointed out that the formation of the Pharmaceutical Services Foundation has stemmed from the efforts of a Task Force made up of joint members of the Maryland Pharmaceutical Association and the School of Pharmacy. He pledged the continued support of the School in both principle and resources to the continued success of the Foundation. He noted that the American Association of Colleges of Pharmacy would be receiving a recommendation from one of its committees in Houston for schools of pharmacy to become more involved in health services in their communities. He pointed out that the formation of this Foundation puts the University of Maryland in the forefront of these efforts."

Nathan Schwartz, Maryland Pharmaceutical Association President conveyed the best wishes of the association and pledged its continuing support.

Among other matters taken up was a presentation by a computer services firm to use Pharmaceutical Services Foundation for a pilot developmental program.

On May 5, the following officers and Participating Members of the Board of Trustees were elected for one year: President, Morris Bookoff, Howard and Morris Pharmacies, Baltimore; Vice-President, John R. McHugh, Director, Professional Services, Peoples Drug Stores, Washington, D.C.; Secretary, Ralph T. Quarles, Q and B Pharmacy, Baltimore; Treasurer, Gerald N. Freedenberg, A. I. D. Maryland Pharmacy, Baltimore; Richard D. Parker, Kensington Pharmacy, Kensington and Gary Taylor, A. I. D. Cherry Hill, 624 Cherry Hill Road, Baltimore. Non-Participating Members of the Board are: David A. Knapp, Ph.D., University of Maryland School of Pharmacy, Baltimore; Sheila West, Pharm.D., Johns Hopkins University, School of Hygiene and Public Health, Baltimore; John F. Schaefer, M.D., Past President, Medical and Chirurgical Faculty of Maryland, Baltimore. Consumer Members of the Board are: Patrick Berkhardt, Baltimore and Mrs. Ruddell Martin, Baltimore.

Dr. Leavitt, in a statement issued upon the inauguration of Pharmaceutical Services Foundation, said:

"All of the pharmacists in the State realize that third party payment programs and health maintenance organizations (HMO) will have a great deal to do with how and where the profession is to be practiced in the not too distant future. With no concerted effort on the part of pharmacy, it is easy to visualize inadequate or no compensation for pharmaceutical services and all HMO's with in-house pharmacies to the continued detriment of community pharmacy practice.

"The Pharmaceutical Services Foundation was formed to (a) promote, develop and encourage the distribution of pharmaceutical services to persons and organizations at a cost equitable to both the patient and pharmacist; to preserve unto its members, the pharmacy profession and the public, freedom of choice of pharmacy by the patient; to cooperate with the Maryland Pharmaceutical Association, Inc., to promote the development and operation of optimum pharmaceutical services efficiently and economically; to work with and provide information to the public, including trade unions, employers' organizations, and other groups and individuals as to the equitable and reasonable cost of adequate pharmaceutical service; (b) upon compliance with the requirements of the Insurance Code of Maryland, to establish, maintain and operate a non-profit service plan whereby pharmaceutical service may be provided to persons who become subscribers to such plan. With the current antitrust atmosphere, it was important to form this group outside of the Maryland Pharmaceutical Association.

"The Pharmaceutical Services Foundation will, therefore, assume an active role in seeking out third party groups and HMO's offering an alternative to the non-inclusion of pharmaceuticals in group plans and/or inhouse pharmaceutical products and services. Rather than wait until these groups have already formulated plans and biases it is important that PSF seek them out and help them formulate their plans for pharmaceutical services. The next step would be for PSF to organize the community practices to provide the services desired by each group.

"PSF plans include supplying, if desired or needed, the different pharmacy service providers with centralized drug utilization and peer review and possibly computerized patient record and drug information systems."

Pharmacy Changes . . .

New Pharmacies

St. Mary's Hospital—Pharmacy, Francis R. Dean, President; P.O. Box 447, Leonardtown, Maryland 20650.

Children's Hospital, Inc.—Pharmacy, T. Courtney J. Whedbee, President; 3825 Green Spring Avenue, Baltimore, Maryland 21211.

Giant Pharmacy No. 208, J. B. Danzansky, President; 3637 Offutt Road, Randallstown, Maryland 21133.

No Longer Operating As Pharmacy

Prescription Center, Inc., Nathan Cheslow, President; 110 Patapsco Avenue, Baltimore, Maryland 21225.

Read's, Inc., Arthur K. Solomon, President; 219-21 Collins Avenue, Baltimore, Maryland 21229.

Read's, Inc., Arthur K. Solomon, President, 5132 Park Heights Avenue, Baltimore, Maryland 21215.

Middlekauff's Drug Store, Virginia M. Clark, 31 North Potomac Street, Hagerstown, Maryland 21740.

 $\begin{array}{c} \textbf{Changes Of Ownership}, \ \textbf{Address} \\ \textbf{None}. \end{array}$

New Members

The following names were approved for membership at the April 13, 1972 meeting of the MPhA Board of Trustees:

Raymond Ayres, Northeast, City Pharmacy of Elkton

J. E. Snellinger, Elkridge, Elkridge Pharmacy

Morris Kramer, Baltimore, Retired

Jerry Overbeck, Ocean City, Welsh Pharmacy

Joseph Gartner, Baltimore, Provident Hospital

Dolores Dixon, Baltimore, Provident Hospital

Allan I. Cohen, Baltimore, Read's Drug Stores

Frank Vykol, Pasadena, Drug Fair

Mark D. Anderson, Baltimore, USPHS Hospital

Lee Ahlstrom, Baltimore, Maryland General Hospital

Baltimore Metropolitan Pharmaceutical Association

A general meeting of the Baltimore Metropolitan Pharmaceutical Association was held on April 20, 1972 at the Kelly Memorial Building in Baltimore. Guest speakers were Dr. David A. Blake, Associate Professor and Head of the Department of Pharmacology at the University of Maryland School of Pharmacy and Dr. James D. Sheppard, Medical Director of the East Baltimore Medical Plan.

Dr. Blake explained the operation of the Anonymous Drug Analysis Service which was instituted at the School of Pharmacy last fall. Samples of drugs of abuse may be submitted anonymously for analysis to Dr. David A. Blake. The sender is required to tell the Drug Analysis Laboratory what he believes the sample to be and if this is not known, the reason why the identity is unknown. The sender also submits the serial number of a one-dollar bill along with the sample. When the sender calls for the results, this number is used to identify himself and which sample he sent in. The sender calls 528-7654 between 3:00 and 5:00 p.m. on the third or fourth working day after the sample is mailed.

Only qualitative information is given by the laboratory, the reason being that if quantitative information was being issued, drug pushers could use the laboratory to obtain free quality control of their drugs.

As Dr. Blake explained, samples received are normally screened by thin-layer chromatography and microscopic analysis if necessary. Barbiturates are analyzed by gas chromatography which is a longer and more expensive process. After an initial determination has been made a sample may be classified as no common drug of abuse or more tests may have to be made such as the mouse toxicity test. If this test is positive, the drug is classified as a potential possible abuse drug and may be further tested by mass spectrometry. Mass spectrometry, a very expensive process, is used as a last measure and yields an unequivocal analysis by measuring the actual molecular weight of the substance. Thus any organic material can qualitatively be identified in a maximum time of two to three weeks. Of course only samples from within Maryland can be accepted for analysis. Emergency samples from hospitals and law enforcement agencies can be analyzed in 60 minutes. The laboratory will give quantitative information to emergency rooms and law enforcement agencies.

In explaining the reasons why the program was started Dr. Blake indicated that physicians may be treating overdoses incorrectly if the identity of a drug of abuse is not known. Furthermore, spot tests used by law enforcement agencies to identify samples are not always reliable. The system could also serve as an early warning system in case a new drug of abuse is introduced in the area.

Dr. Blake feels that the program is an important tool in exposing the deceit involved in drug trafficking which is one way of discouraging beginners from getting involved. He indicates, however, that the program is experimental in nature and would be ended should information indicate that the program was resulting in an increase in the use of abuse drugs.

East Baltimore Medical Plan

Dr. Sheppard, the next speaker on the program, described the East Baltimore Medical Plan. The program is designed to provide comprehensive medical services including basic hospitalization and daily health care to Medicaid and other third party program patients in East Baltimore under an agreement with the State. Most services, including pharmacy services, are performed on site and are covered by a \$280. per person per year fee received from the State. The plan has 2,500 people signed up now with a projected figure of 5,000 in two years. Dr. Sheppard noted that all services must be obtained from one source and that this is one of the problems of the plan.

Business Session

President Dorsch then opened the business session. Charles Spigelmire reported on the Association's activities during Poison Prevention Week. Participating during Poison Prevention Week on various T.V. and radio programs were Ralph Quarles, Ronald Lubman, Melvin Rubin, Joseph U. Dorsch, Anthony G. Padussis, Bernard White, and Charles Spigelmire. This report was followed by a Legislative Committee report from Paul Freiman. The status of sixteen bills introduced in the legislative session just completed which directly affect Pharmacy was reviewed.

President Dorsch announced the selection of Victor H. Morgenroth as a candidate for election as President of the American Pharmaceutical Association.

Pharmacists Serve March of Dimes Walk-A-Thon

BMPA members, Philip Weiner and Marvin Oed, were among the Baltimore health professionals including podiatrists and first aiders on Sunday, April 9, 1972, who participated in the second annual 25-mile March of Dimes Walk-a-Thon.

In the role of supply coordinator, Mr. Weiner's work began long before the actual Walk. Manufacturers were contacted; and when donations of supplies were received, they were forwarded to the Red Cross Center where first-aid packs were prepared and subsequently distributed to the check points along the Walk route.

The walkers were sponsored by area citizens who pledged a monetary rate per mile walked by their marchers. At the end of the Walk sponsors contributed to the March of Dimes on the basis of the number of miles covered by their participants.

According to Mr. Oed who served at several first-aid stations throughout the day, the most frequent casualties were due to disorders of the feet, requiring dozens of ace bandages. One heart attack was reported, and puncture wounds occurred in children. An estimated 70 per cent of the walkers marched the entire 25-mile circuit.

Reports indicate the number of marchers participating in this year's March of Dimes campaign totalled 18,500, and contributions of \$400,000 were pledged, tripling last year's performance. Proceeds will support a

prenatal prevention center and research grants for birth defects.

The "bonus" to the participants was the unique opportunity to work together in a gratifying experience.

Pharmacists Participate In MTA Senior Citizen Program

BMPA has assisted the Metropolitan Transit Administration in soliciting the support of member pharmacies in the new reduced fare program for senior citizens. The 15-cent "special token" fare allows persons 65 years of age or older an opportunity for greater mobility.

Countless senior citizens rely upon the public transportation system to bring them into the movement of life, protecting them from the isolation so common among

the elderly.

According to MTA representatives, more than 80 pharmacies are now participating in this program. A small number are serving as registration centers in areas where other centers are less accessible.

The special 15-cent fare is in effect at all times, except weekdays during the rush hours between 7 and 9 a.m. and 4 and 6 p.m. The senior citizen token program is in operation on Saturdays, Sundays and holidays, allowing the older citizen on a fixed, reduced income an advantage otherwise not available to him.

Pharmacy can meet an endless number of needs in the best interest of the public. Cooperation with the MTA senior citizen program is just one of the services that helps meet a need.

TAMPA NEWS.

The annual election meeting of the Traveler's Auxiliary of the Maryland Pharmaceutical Association was held on May 18 at Bernie Lee's Penn Hotel in Towson. Secretary-Treasurer William A. Pokorny reported on TAMPA's activities at the annual convention of the MPhA. The registration desk at the convention was manned by Louis Rockman and his committee.

President Mahoney then called on Kenneth Mills, Chairman of the Nominating Committee, for his report which was as follows: President, John C. Matheny; Honorary President, Arthur Hall; 1st Vice President, Abriam Bloom; 2nd Vice President, C. Wilson Spilker; 3rd Vice President, John H. Fagan; Secretary-Treasurer, William A. Pokorny; Secretary-Treasurer Emeritus, John A. Crozier; Assistant Secretary-Treasurer, William L. Nelson.

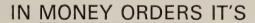
In addition, the following were nominated to the Board of Trustees: Chairman, Paul J. Mahoney; Herman J. Bloom, William L. Nelson, Joseph J. Hugg, Kenneth L. Mills, Joseph Grubb, A. G. Leatherman, J. William Gehring, Laurance A. Rorapaugh, Louis M. Rockman. The report was accepted and the members elected unanimously without any further nominations. The new slate of officers will be installed at the September meeting.

The following new members were accepted at the meeting: James A. Cahill, Monarch Life Insurance Co., Edwin Wayne Howes, Youngs' Drug Products Corporation, Martin Kessler, H. T. Madden Co., and C. F. Gauss, Mid-Atlantic Associates.



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ANOTHER SERVICE OF THE GREYHOUND CORPORATION

Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists

The Maryland Society of Hospital Pharmacists met at the Maryland General Hospital on April 13, 1972. A slide-talk on "Dialysis" was presented by Dr. Donald T. Lewers, Director of Medical Education and Head, Division of Nephrology, Maryland General Hospital. A short

business meeting followed the presentation.

New members approved at the meeting were: Michael Bronstein, Chief Pharmacist, Jenkins Memorial Hospital: Margaret Rumrill, Staff Pharmacist, Columbia Hospital and Clinics; John R. Mentzer, Jr., Staff Pharmacist, University Hospital; Edmund M. Radcliffe, Representative, William H. Rorer Co.; and Alan J. Gillis, Representative, Marion Laboratories.

Raymond Morris, University of Maryland School of Pharmacy, Class of 1972, will receive the M.S.H.P. Student Achievement Award at the Society's 7th Annual Hospital Pharmacy Seminar in June at Ocean City. Three Society members had occasion to present recruitment talks on Hospital Pharmacy recently. They were Ursula Heyer at the Institute of Notre Dame and before Explorer Post 9039, Howard Sherman at Harlem Park Junior High and John Motsko at the Booker T. Washington High School.

The Society voted to instruct its delegates to the Annual ASHP Convention to vote in favor of the establishment by the APhA and the ASHP of a Task Force to develop an integrated organizational structure representing

the pharmacists of the United States.

A general meeting of the Maryland Society of Hospital Pharmacists was held on May 11 at the Steak and Rib Restaurant in Baltimore. The Organon sponsored meeting featured guest speaker Dr. Murray Kappelman, Director of Pediatric Ambulatory Services, University of Maryland Hospital. His topic was entitled "So You Want To Write a Book." Dr. Kappelman related some of the incidents leading to the publication of his book "The Child Healers.'

At the business meeting which followed, new mem-

bers who were accepted into the Society were:

Robert W. Adams, Assistant Chief Pharmacist, Good Samaritan Hospital; Ferdinand F. Wirth, Jr., Staff Pharmacist, Good Samaritan Hospital; George S. Buckner, Jr., Staff Pharmacist, D.C. Children's Center; Marty Wolff, Staff Pharmacist, Good Samaritan Hospital; Bernard Shure, Chief Pharmacist, James Lawrence Kernan Hospital: Robert J. Michocki, Resident, University of Maryland School of Pharmacy; Kathryn K. Fader, Staff Pharmacist, St. Joseph's Hospital; Jurate V. Austra, I. V. Pharmacist, St. Joseph's Hospital; Theodore Gilbert, Staff Pharmacist, University Hospital; Thomas Bennett, Staff Pharmacist, St. Agnes Hospital; Marlene Ferraro, Staff Pharmacist, Columbia Hospital and Clinics; Bernard B. Lachman, Community Pharmacist, Lachman's Pharmacies; Morris Bookoff, Community Pharmacy, Howard & Morris Pharmacies: Darryl Grendahl, Staff Pharmacist, US Public Health Service Hospital.

Also, the following students from the University of Maryland School of Pharmacy were accepted as student

Louisa Chen, Melinda D. Lee, Louise F. Quan, Florence Fay Kwong, Patricia Grendahl, Frances Helen Greenberg.

Morgenroth is Candidate for APhA Presidency

Victor H. Morgenroth, Jr., a Baltimore community pharmacist, was nominated for the office of President of the American Pharmaceutical Association at the APhA annual meeting in Houston, April 22-28.

Mr. Morgenroth is co-owner of two pharmaceutical centers operating as Voshell's Pharmacy, Inc. He received his B.S. in Pharmacy from the University of Maryland, School of Pharmacy in 1939. A member of APhA since 1947, he was Vice President in 1968-1969 and was on the National Formulary Admissions Committee from 1965-1969. He served as President of the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association and the Alumni Association of the University of Maryland, School of Pharmacy. A member of the American College of Apothecaries, he served as President of the ACA in 1970, having served as Regional Director from 1964-1967 and as Vice President in 1968 and 1969. In 1968 he received the Bowl of Hygieia Award.

In addition, Mr. Morgenroth is a member of the Baltimore Mayor's Commission for the Aged, serves on the Maryland State Advisory Board of Hospital Licensure and acts as consultant for the Medical Care Division of the Baltimore City Health Department. He has been a member of Rho Chi since 1939 and is an Associate Member of the American Society of Hospital Pharmacists.

Also a candidate for the office of President is the 1971-1972 APhA Board of Trustees Chairman, George G. Denmark of Pocasset, Massachusetts.

Prince Georges-Montgomery County Pharmaceutical Association

The Executive Committee of the PGMCPA met at the home of Samuel Latona in Silver Spring on May 23. Among the topics of discussion were: objectives for 1972-1973, review of the APhA and MPhA conventions, committee appointments, counties' comprehensive health agencies, proposed D.C. pharmacy regulations, Gaithersburg Fair. Martin Hauer is chairman of the executive committee.

Allegany-Garrett County Pharmaceutical Association

Newly elected officers of the Allegany-Garrett County Pharmaceutical Association are: James Ritchie, President; John H. Balch, Vice President; Linda McMichael, Secretary-Treasurer and the following members of the Executive Committee: Myron Blough, Murray Allen, Wes (Jon) Hann, and William Mackay.

Mr. Peter Charuhas, Area Administrator of Drug Abuse, spoke to the bi-county association on March 12, 1972. His topic was entitled "Drugs Are a Runny Nose." Mr. Charuhas explained his theory that the use of drugs by abusers is symptomatic of a more complex condition as a runny nose is indicative of a more serious problem.



Stock up on Robitussin*, Robitussin-DM*, and Robitussin-PE* at special low deal prices. During the 1971-72 cough/cold season (Nov.-Feb.) sales of these three products increased 32%, while the market was up 26%. These increases were recorded across the board—in chains and in small, medium, and large independents. Robitussin and Robitussin-DM held a big 12% share of this cough preparation market which was in excess of \$50 million for the 4-month period. In addition, they are the most heavily prescribed cough syrups sold OTC with over 2 million scripts filled annually. In spite of all this Rx volume, some 75% of all Robitussin and Robitussin-DM business is OTC. And don't overlook Robitussin-PE. It recorded a whopping 38% increase last winter and is moving up fast in scripts and OTC sales.

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Pharmacy Congress In Israel

AUGUST 20-25, 1972

The Second Congress of the World Alliance for Israel Pharmacy will be held in Jerusalem and Tel Aviv, Israel August 20-25, 1972.

Featured will be the dedication of the new building of the School of Pharmacy at the Hebrew University—

Hadassah Medical Center.

The School, which will incorporate the Research Centre for Pharmaceutical Sciences, is expected to be of the highest possible standard and among the outstanding scientific centers of the Middle East.

The Congress will have before it a scientific programme in which papers will be presented by leading pharmaceutical scientists. During the Congress various panels headed by international figures in pharmacy will also discuss the relations between pharmacy in general and the practice of the profession in Israel. There will be a scientific exhibition of particular interest to those associated with the industrial aspects of pharmacy.

The Congress offers the occasion for sightseeing in the Holy Land and witnessing at first hand the widespread activities of life in the old-new State of Israel.

Group tours are available through APhA and ASHP. Rates for the trips are about \$875 first class, \$950 deluxe. Details are available from:

The American Friends of the Hebrew University, Inc. 11 East 69th Street

New York, New York 10021

A.Z.O. News

Kappa Chapter of the Alpha Zeta Omega Pharmaceutical Fraternity held its election meeting on May 10 at Migan's Randallwood Inn. The Joint Installation Banquet was held June 11 at the Tail of the Fox.

The new officers installed were: Henry Leikach, Directorum; Jerry Cohen, Graduate Subdirectorum; Stanton Ades, Undergraduate Subdirectorum; Alan Stoff, Excheque; Dennis Klein, Recording Signare; Steve Tompakov, Bellarum. The Executive Unit consists of Arnold Honkofsky, Secretary; Steve Bierer, Carroll Minkove, Jerry Freedenberg, Sam Block, Henry Seidman, and Morris Shenker. Auxiliary officers are: Norma Samson, President; Dorothy Levi, Vice President; Rozzie Stoff, Treasurer; and Ann Davis, Secretary.

The AZO National Convention will be held in Miami July 23-27 at the Playboy Plaza. A cruise to the Bahamas will be held in conjunction with the convention.

Resolution

The following resolution was unanimously passed at the April 19, 1972 general meeting of the Kappa Chap-

ter, AZO Pharmaceutical Fraternity.

"Be it resolved that Kappa Chapter of Alpha Zeta Omega Pharmaceutical Fraternity recognizes and applauds the efforts put forth in the Maryland State Legislature's 1972 session in the interests of the public welfare and the profession of pharmacy, by Frater Paul Freiman, Maryland Pharmaceutical Association Legislative Chairman, and by Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association."





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B. Olive Cole

1883-1971

CHRONOLOGY

by B. F. Allen, Ph.D.,
Associate Professor of Pharmacy,
University of Maryland, School of Pharmacy

This chronology outlining the accomplishments of Dr. B. Olive Cole is presented here on the first anniversary of her death.

| 1883 | Born on November 14 in Mount Carmel, Balti- more County, Maryland (Father—Jordan B. Cole—died March 20, 1889) |
|------|---|
| 1002 | Graduated from Franklin High School, Reis- |

1902 Graduated from Franklin High School, Reisterstown, Maryland

1902-16 Stenographer and quotation clerk, Sharpe & Dohme Manufacturing Pharmacists, Baltimore

1903 Graduated from Baltimore Business College
1913 Received Doctor of Pharmacy degree from University of Maryland, Department of Pharmacy
(and recipient of Gold Medal for general excellence); participated in the development of the second edition of The Pharmaceutical Syllabus (a publication outlining courses of instruc-

tion for pharmacy schools)

Began membership in the American Pharmaceutical Association

1915-16 Attended Johns Hopkins University (studied English)

1916-20 Pharmacist, Solway-Annan Company-Manufacturing Pharmacists, Washington; also worked part-time for Federal Government, War Risk Department

1917-18 Secretary-Treasurer, Baltimore Branch of The American Pharmaceutical Association

1920-28 Associate Professor of Botany and Materia Medica, School of Pharmacy, University of Maryland

1920-30 Secretary-Treasurer, Baltimore Branch of The American Pharmaceutical Association

1920-53 Secretary of the Faculty, School of Pharmacy
1922 Presented paper entitled "Standardization of
Education and Legislation" at the APhA annual meeting in Cleveland (published: JAPhA
12:44, 1923); member, The Pharmaceutical
Syllabus Committee (for the Third Edition)

Received Bachelor of Laws degree from University of Maryland School of Law (Mother—Nancy Ellen Wheeler Cole—died the week of graduation); first woman graduate from the Law School of the University (because degrees are awarded alphabetically); with an associate woman student, won the Practice Court Case of 1923 (first time by women in the School of Law); became a member of the Baltimore City and the Maryland State Bar Associations; admitted to practice before the Supreme Bench of Baltimore City; charter member of the Quota Club International of Baltimore

1923-28 Lecturer in Pharmaceutical Law, School of Pharmacy 1924 Vice-President, Quota Club International of Baltimore

1924-25 Attended Johns Hopkins University (studied History)

1926 President, Quota Club International of Baltimore

1926-53 Secretary, Alumni Association of the School of Pharmacy; reporter for The Maryland Pharmacist

1928-32 Associate Professor of Business Methods and Pharmaceutical Law, School of Pharmacy

1929 Charter member and organizer of the Epsilon Chapter of the Lambda Kappa Sigma Sorority

1930 Chairman, Entertainment Committee, APhA annual meeting in Baltimore; charter member, Omicron Chapter, Rho Chi Society; became Life Member of the American Pharmaceutical Association

Member, The Pharmaceutical Syllabus Committee (for the Fourth Edition)

1932-35 Attended Johns Hopkins University (studied Economics)

1932-47 Associate Professor of Economics and Pharmaceutical Law, School of Pharmacy

1934 President, Baltimore Branch of The American Pharmaceutical Association; Chairman, Finance Committee, Woman's City Club of Baltimore

Prepared "Statistical Study of Distribution and Nature of Employment of Graduates from School of Pharmacy, University of Maryland From 1928 to 1935." (published in reports and articles of the Committee on the School of Pharmacy of the Maryland Pharmaceutical Association and of the Board of Pharmacy, appearing in several numbers of The Maryland Pharmacist)

Presented paper entitled "Monopoly and Competition in Trade-Marked Articles" at the APhA annual meeting in New York City (published: JAPhA 26:738, 1937)

Member, Sub-committee on Pharmaceutical Economics, The Pharmaceutical Syllabus (for the Fifth Edition); presented paper entitled "Pharmaceutical Ethics vs. Economics" at the APhA annual meeting in Minneapolis (published: JAPhA 27:1251, 1938); wrote paper entitled "Your Pharmacist" (published: Quotarian, May issue)

1939 Vice-Chairman, Section on Pharmaceutical Economics, American Pharmaceutical Association (Acting Chairman at the APhA annual meeting in Atlanta)

1940 First contributor to student loan fund for girls,
Women's Auxiliary American Pharmaceutical
Association; Representative from Pharmaceutical Economics Section in APhA House of Delegates

The only thing worse than being ill, is being bored

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- Presented paper entitled "Modern Trends in Courses in Pharmaceutical Economics" at the APhA annual meeting in Detroit; member of Executive Committee, Chairman of Program Committee and Treasurer of the Research Fund, centennial celebration of the School of Pharmacy
- 1942 Chairman, Section on Pharmaceutical Economics, American Pharmaceutical Association
- 1943-44 Representative from Pharmaceutical Economics Section in APhA House of Delegates
- Twenty-fifth anniversary with the School of Pharmacy, received engraved silver service and imported candle globes from Alumni Association; received certificate of merit and a victory bond as "Woman of the Week" from Schleisner's Baltimore store
- Second Vice-President, Women's Auxiliary,
 American Pharmaceutical Association; completed a "History of Maryland College of Pharmacy and the School of Pharmacy, University
 of Maryland from 1895 to 1946"; member of
 the Consultative Committee of Teachers of
 Pharmacy Administration which met in the
 United States Office of Education (Washington); received as a dedication, Terra-Mariae
 Yearbook of the School of Pharmacy
- 1946-47 Representative from Pharmaceutical Economics Section in APhA House of Delegates
- Member of Resolutions Committee at the APhA annual meeting in Milwaukee
- 1947-49 Professor of Economics and Pharmaceutical Law, School of Pharmacy
- Member of Teachers of Pharmacy Administration Committee, American Association of Colleges of Pharmacy; prepared report entitled "Pharmacy Administration in the Pharmaceutical Curriculum" for The Pharmaceutical Survey
- 1948-49 Acting Dean, School of Pharmacy (portrait presented to the college by alumni and faculty)
- Became only woman member of the Baltimore Veteran Druggists' Association
- 1949-50 Professor of Business Administration, School of Pharmacy
- 1950-53 Professor of Pharmacy Administration, School of Pharmacy
- 1951 Honorary President, Maryland Pharmaceutical Association; published in *Mid-Atlantic Apothecary*: "Tribute to American Foundation for Pharmaceutical Education"
- Published in *Tile and Till* (Eli Lilly & Co.)
 November-December Issue: "History of the School of Pharmacy, University of Maryland"; presented paper entitled "History of the Women's Section and the Women's Auxiliary of the American Pharmaceutical Association" at the APhA annual meeting in Philadelphia; member of Advisory Committee, centennial celebration of the American Pharmaceutical Association
- Member, Executive Committee, dedication of Kelly Memorial Building; presented a paper recording the activities and accomplishments of Dr. E. F. Kelly; prepared a scrapbook record

of the dedicatory exercises including photographs, texts of addresses, members of committees, and letters received from pharmaceutical groups and friends of Dr. E. F. Kelly; presented paper entitled "Twenty-five Years of Graduate Work in the School of Pharmacy, University of Maryland" at the APhA annual meeting in Salt Lake City; Honorary President, Alumni Association, School of Pharmacy; recipient of the Honored Alumnus Award; the administration and faculty of the School gave a farewell tea in the Kelly Building; retired from the School of Pharmacy on the first of December and received typewriter as a gift from the Alumni Association.

- 1953-71 Professor Emerita of Pharmacy Administration (first woman named Emeritus Professor in the University of Maryland)
- 1954 Honorary member, Alumni Association, School of Pharmacy and presented an engraved pin; received tribute as Professor Emeritus of the University at meeting of M Club and presented an engraved silver bowl
- Honorary member, Maryland Pharmaceutical Association; presented paper entitled "75 Years of Maryland Pharmacy" at the MPhA annual meeting in Wernersville, Pennsylvania; presented paper entitled "History of the School of Pharmacy of the University of Maryland" at the 4th Pan American Congress of Pharmacy and Biochemistry in Washington
- Received citation for interest and faithful service as secretary (for four years) from the Alumni Club of Baltimore of the University of Maryland; published in *Drug Topics*: "Opportunities Open to Women in Pharmacy"; Chairman, Publications Committee, Alumni Association, School of Pharmacy
- Secretary Emeritus of the Alumni Association, School of Pharmacy; presented paper entitled "History of the Alumni Association of the School of Pharmacy of the University of Maryland at the APhA annual meeting in Cincinnati
- 1959-60 Judge for the Maryland entries in the National Pharmacy Week window display competition
- Honorary President, Ladies Auxiliary, Maryland Pharmaceutical Association; first recipient of the Award of Merit (a plaque) given by Lambda Kappa Sigma Sorority, Detroit meeting; published in *The Maryland Pharmacist*: "Notes on Early Pharmacy In Maryland" (Part I June, Part II July), "Notes on the History of Pharmacy In Maryland" (Part I August); "Notes on the Early History of Pharmacy In Maryland" (Part I September)
- 1960-61 Chairman, Publications Committee, Maryland Pharmaceutical Association
- Published in The Maryland Pharmacist: "Notes on the Early History of Pharmacy In Maryland" (Part II March, Part III December); presented paper entitled "Maryland College of Pharmacy and School of Pharmacy, University of Maryland" at the APhA annual meeting in Chicago (published: The Maryland Pharmacist, August); Chairman, Publications Com-

mittee, Alumni Association School of Pharmacy

Honorary President, Quota Club of Baltimore; Co-chairman, dedication of Women's Lounge, APhA building (Washington); published in The Maryland Pharmacist: "Notes on the History of Pharmacy In Maryland" (Part II January, Part III March, Part IV April); judge for the Maryland entries in the National Pharmacy Week window display competition

Awarded Life Honorary Certificate Alumni Association School of Pharmacy (this being the first Life Membership issued by the Association); prepared a "History of School of Pharmacy of the University of Maryland" for Eli Lilly and Co.; published with co-author Herman M. Kling in The Maryland Pharmacist (November): "History of the Baltimore Veteran Druggists' Association"; Chairman, Pub-Committee, Alumni Association, School of Pharmacy; received special certificate from the Alumni Association denoting graduation from the School of Pharmacy fifty years ago; Chairman, Publications Committee, Maryland Pharmaceutical Association; compiled and typed for publication in The Maryland Pharmacist (August) "The Henry B. Gilpin Company" by James E. Allen; published in The Maryland Pharmacist "Notes on the History of Pharmacy In Maryland" (Part V March, Part VI September)

Published in The Maryland Pharmacist "Notes on the History of Pharmacy In Maryland (Part VI January); member, Student Aid and Scholarship Committee, Maryland Pharmaceutical Association

1964-65 Member, Publications Committee, Maryland Pharmaceutical Association

Cole Pharmacy Museum established in the Kelly Memorial Building; published in *The Maryland Pharmacist* (January): "Items of Historical Importance In the Life of the School of Pharmacy, University of Maryland"

1970 Received Certificate of Commendation from the American Institute of the History of Pharmacy

1971 Died June 5 and buried June 9 in Mount Carmel Cemetery, Baltimore County, Maryland

Dr. B. Olive Cole was for many years a collaborator for the American Journal on Pharmaceutical Education and reporter for The Maryland Magazine, official general alumni publication of the University. She was at one time Chairman, Section on Pharmaceutical Economics, American Association of Colleges of Pharmacy; and also nominated for Vice-President of the American Pharmaceutical Association. Miss Cole was a registered pharmacist in the District of Columbia and Maryland. She was also a member of the Graduate Epsilon Chapter of Lambda Kappa Sigma Sorority and a collector of over 300 pitchers, many of them antique.

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1962

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Tri-county Pharmaceutical Association

New Society In Upper Bay Area

Pharmacists in Harford, Cecil and upper northeast Baltimore County formed a new local pharmaceutical society with Edward D. Sears of Kingsville as temporary Chairman.

The first meeting was held April 26 at the Bush River Yacht Club in Abingdon with 29 pharmacists

present

Following this a conference was held at Maryland Pharmaceutical Association headquarters with representatives of the groups and Maryland Pharmaceutical Association Executive Director Nathan I. Gruz. Present were Edward Sears, Jonas Yousem, John Conrad and Uldis Pironis. The cooperation of Maryland Pharmaceutical Association was extended. Mailing lists of pharmacists and a sample constitution was furnished.

At a meeting held May 24 with 23 pharmacists in attendance, Bylaws were adopted. Dues were set at \$10.00 per year with meetings to be held every other month. The group decided not to affiliate with Maryland Pharmaceutical Association at the present time, but to seek the status of a "Recognized Organization" from Maryland

Pharmaceutical Association.

The following temporary officers were elected to serve until January 1973:

Chairman: Edward D. Sears, Kingsville

Secretary: David Ayres, Elkton

Treasurer: Robert Plummer, Aberdeen

Eugene Street of Bel Air was designated Chairman for Public Relations and Jonas Yousem of Edgewood as Chairman for Bylaws. These men will constitute The Executive Committee.

"Tri-County Pharmaceutical Association" was adopted as the name of the society.

Safety Closure Requirements Effective August 14 & October 24

The first regulation implementing the Poison Prevention Packaging Act of 1970 becomes effective August 14, 1972. Aspirin and all aspirin containing products must comply with the requirements of the Act at this time. Child-resistant containers must be used when dis-

pensing these products.

Effective October 24, child-resistant containers must be used in dispensing all preparations consisting in whole or any part of a substance subject to control under the Controlled Substances Act. This requirement will apply to all dosage forms including vials, disposable syringes, aerosols, ointments, powders and suppositories, unless subsequently exempted on an individual basis.

MED-CHI MEETING

Several faculty members from the School of Pharmacy gave presentations at the 1972 meeting of the Medical and Chirurgical Faculty of Maryland held at the Baltimore Civic Center May 3-5. On May 5, Dean William J. Kinnard, Jr., Dr. Robert Kerr, Dr. David Blake, Dr. Peter P. Lamy, and Dr. Ralph Shangraw talked about "Clinical Pharmacy: A New Profession"

Nearly 4,400 Attend APhA Annual Meeting

Nearly 4,400 pharmacists and guests were in attendance at the 1972 APhA Annual Meeting in Houston, Texas, April 22-28. Among the actions taken by the House of Delegates was endorsement of the "White Paper on the Pharmacist's Role in Product Selection," with a critique of the paper by the APhA Academy of Pharmaceutical Sciences appended. The motion was adopted 227 to 42 after three amendments were defeated.

Also approved were a dues increase for APhA members of \$15 bringing the new annual dues to \$50 and a \$45,000 study of the public's attitude toward pharmacy by the Institute for Motivational Research, Inc.

At the April 26 general session, Mrs. Julie Nixon Eisenhower brought the personal greetings of her father, President Nixon, and asked the pharmacists attending to continue to fight the Nation's drug abuse problem.

Clifton J. Latiolais was installed as President.

Baltimore Veteran Druggists' Association

The Baltimore Veteran Druggists' Association held their 367th meeting on May 17 at the University of Maryland Student Union Building in Baltimore. Officers of the Association are Paul Gaver, President; Albert Rosenfeld, 1st Vice President; Leo Rettaliata, 2nd Vice President; and Dr. Benjamin F. Allen, Secretary-Treasurer.

MPhA Director Gruz Heads State Executives

Nathan I. Gruz, Executive Director of the Maryland and Baltimore Metropolitan Pharmaceutical Associations and Editor of *The Maryland Pharmacist* since 1961, was installed as President of the National Council of State Pharmaceutical Association Executives at its annual meeting in Houston.

 $Mr.\ Gruz$ will serve until the next annual meeting in July 1973 in Boston.

The foremost priority for NCSPAE is to work to achieve organizational unity in pharmacy. All national pharmaceutical organizations will be urged to cooperate in achieving this difficult but essential goal for the profession.

Paregoric Restricted To Prescription-Legend Status Nationally

Effective June 3, paregoric and other products containing more than 100 milligrams of opium per 100 milliliters or per 100 grams were restricted to prescription-legend status. Pharmaceutical preparations containing not more than 100 milligrams of opium per 100 milliliters or per 100 grams continue to be exempted from Federal prescription requirements. These drugs are, however, still subject to the full controls of Schedule V of the Controlled Substances Act.

Obituaries

Morris B. Hack

Morris B. Hack, 64, a 1929 graduate of the University of Maryland, School of Pharmacy, died on April 19 while on a business trip to Florida. Mr. Hack was an insurance executive and a prominent Zionist. He was a member of Alpha Zeta Omega Pharmaceutical Fraternity, was past president of the Baltimore Chartered Life Underwriters Association and was a member of the national executive committee of the Zionist organization.

John Jacob Wilson

John Jacob Wilson, 65, employed at Penn-Dol Pharmacy for 40 years, died on April 24. He was a 1931 graduate of the University of Maryland, School of Pharmacy.

Dr. Arnold Tramer

Dr. Arnold Tramer, 58, member of the State Drug Abuse Administration, died on May 21. He graduated from the University of Maryland, School of Pharmacy in 1936 and from the School of Medicine in 1949.

Roy S. Stavely, Sr.

Roy S. Stavely, Sr., 79, died in St. Louis on April 29 where he had lived for several years. He was a former member of the Maryland Pharmaceutical Association and was registered in Maryland in 1912.

Israel Alvin Levin

Israel Alvin Levin, 59, a 1935 graduate of the University of Maryland School of Pharmacy, died on April 19.

William C. Plotner

William C. Plotner, 54, who was registered by reciprocity in Maryland in 1950, died on April 25.

Edmund H. Edmonds

Edmund H. Edmonds, 65, a 1926 graduate of the University of Maryland School of Pharmacy, died on May 25 after a short illness. He was a member of the University of Maryland, School of Pharmacy Alumni Association.

STATE PHARMACEUTICAL DIRECTORY

AFFILIATED ORGANIZATIONS

Allegany-Garrett County Pharmaceutical Association

| Presid | lent | | | | | Jame | es I | Ritchie |
|--------|--------|-------|------|------|----|--------|------|---------|
| Vice | Presid | dent | | | | . John | Н. | Balch |
| Secret | tarv-7 | reasi | irer | | I. | inda I | McM | ichael |

Baltimore Metropolitan Pharmaceutical Association

| President | | Joseph | U. Dorsch |
|-------------|--------|------------|------------|
| President I | Elect | | ul Freiman |
| Treasurer | | Charles E. | Spigelmire |
| Vice Presi | dents— | | |

Ronald A. Lubman, Melvin N. Rubin, Henry G. Seidman

Secretary and Executive Director— Nathan I. Gruz

Eastern Shore Pharmaceutical Society

| President | William P. Smith |
|-----------------------|------------------|
| First Vice President | |
| Second Vice President | |
| Secretary | |
| Treasurer | Thomas Payne |

Prince Georges-Montgomery County Pharmaceutical Association

| President | Edward | D. Nu | ıssbaum |
|------------------------|--------|---------|-----------|
| First Vice President | | | |
| Second Vice President | Henry | W. T | neis, Jr. |
| Third Vice President | Edw | ard S. | Sandel |
| Fourth Vice President. | | | |
| Secretary | | .Paul | Reznek |
| Treasurer | Mi | chael l | Leonard |
| Chmn., Exec. Committee | e | Martir | Hauer |

Washington County Pharmaceutical Association

| President | .Samuel E. V | Veisbecker |
|-----------------------|--------------|------------|
| Vice President | Walter M. Da | masiewicz |
| Secretary-Treasurer . | Frederick | Fahrney |

University of Maryland School of Pharmacy Student APhA-MPhA Chapter

| PresidentPaul R. Webste | er |
|--------------------------------|----|
| Vice PresidentStephen B. Biere | er |
| Secretary | in |
| Treasurer | er |

MPhA AUXILIARIES

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|--|
| Recording SecretaryMiss Mary DiGristine |
| Communications Sec Mrs. Richard R. Crane |
| TreasurerMrs. Charles S. Austin |
| Membership TreasMrs. Manuel B. Wagner |

TAMPA — Traveler's Auxiliary of The Maryland Pharmaceutical Association

| PresidentPaul J. Mahoney |
|--|
| First Vice PresidentJohn C. Matheny |
| Second Vice PresidentAbrian E. Bloom |
| Third Vice President Wilson Spilker |
| Secretary-TreasurerWilliam A. Pokorny |
| Asst. Secretary-TreasWilliam L. Nelson |
| Honorary PresidentJoseph Grubb |
| Secretary-Treas. EmeritusJohn A. Crozier |

OTHER PHARMACY ORGANIZATIONS

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| President | Normand A. Pelissier |
|-----------|--------------------------|
| President | ElectThomas E. Patrick |
| Secretary | Vincent de Paul Burkhart |
| Treasurer | |

University of Maryland School of Pharmacy

| Dean | | Dr. | William J. | Kinnard, Jr. |
|-------|------|-----|------------|---------------|
| Asst. | Dean | | Dr. C. ' | T. Ichniowski |

University of Maryland School of Pharmacy Alumni Association

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|---------------------------------------|
| First Vice PresidentCharles H. Tregoe |
| Second Vice PresidentMary W. Connelly |
| Treasurer |
| Executive SecretaryDorothy L. Levi |
| Honorary President Dr. Frank J. Slama |

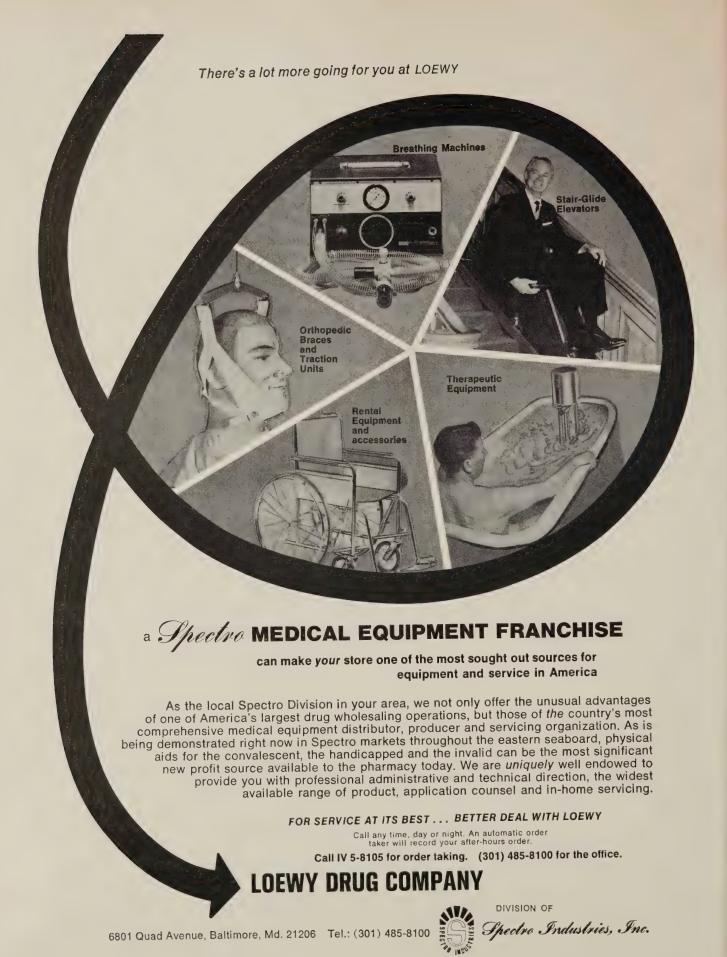
Metropolitan Guild of Pharmacists

| President | | | Frank Frary |
|-----------|-------|-----|----------------|
| Vice Pres | ident | | . Robert Irby |
| Secretary | | Law | rence Jacobson |
| Treasurer | | | Frank Wojcik |

USP Explores Intravenous Solution Problems

The United States Pharmacopeia has received a \$100,000 contract from the Food and Drug Administration for the purpose of evaluating intravenous solution systems, including manufactur-

ing and hospital procedures and current methods of administering intravenous solutions. The study will result in recommendations for improving intravenous therapy.





the maryland pharmacist

Editorial-Pharmacy In The Mainstream-Six Critical Activities

The Professional Experience Program

-The Role of The Coordinator

by William H. Edmondson

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The Maryland Pharmacist

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Number 7

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Change of address may be made by sending old address (as it appears on your journal) and new address with zip code number. Allow four weeks for changeover. APhA members-please include APhA number.

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Editorial . . .

Pharmacy In The Mainstream – Six Critical Activities

Pharmacists have long sought to be included in the mainstream of activity, not only in the area of health care, but in every area of a citizen's concern.

Now the diverse efforts of the leaders of pharmacy in Maryland are bearing fruit. At this time organized pharmacy in Maryland is moving ahead on many fronts, among these are:

- Legislative initiatives for pharmacy and health related issues to improve liaison with state agencies.
- 2. Medicaid policies and reimbursement.
- 3. Full activation of the Pharmaceutical Services Foundation to develop a participating program for all elements of pharmacy in the emerging HMO's, third-party programs and new health delivery systems.
- 4. Adequate funding of the Maryland Pharmaceutical Foundation to provide for educational projects and completion of facilities such as the Cole Pharmacy Museum, Swain Model Pharmacy, scholarships and seminars.
- 5. The strengthening of PHARMPAC, the Maryland Pharmacists' Political Action Committee.
- 6. Enrollment of every pharmacist in MPhA.

As you are approached about these programs, remember all of you have demanded action to achieve certain goals. Remember you have contrasted pharmacy's status with that of other groups. Lamenting and wailing will not help.

Support of our organized efforts is the only way to progress. The results you want will come only when we get a positive response to the six activities we have listed.

Where do you stand?

-NATHAN I. GRUZ

BACK ISSUES AVAILABLE

A limited number of back issues of "The Maryland Pharmacist" are available upon request from the MPhA office (727-0746). Due to the limitation of space in the office, all excess back journals must be disposed of. Anyone interested in obtaining copies of some issues dating as far back as 1960, please call the office and make your request prior to September 15, 1972.

... ALL MEMBERS ... When corresponding with the MPhA office or submitting forms or replies, please be sure the material is properly signed and identified. We have received a number of unsigned forms, including one indicating interest in membership promotion and other activities.

Bookoff Recipient Of 1972 Outstanding Community Service Award

Baltimore pharmacist Morris Bookoff has been honored by the Maryland Pharmaceutical Association as its 1972 recipient of the A. H. Robins "Bowl of Hygeia" Award for outstanding community service.

Bookoff, co-owner of Howard and Morris, Pharmacists, received the award during the Association's annual convention in Gaithersburg, Md. Making the presentation was Roger L. Elgin, district manager in the Capitol Division of A. H. Robins Company. Participating in the ceremony was Nathan Schwartz of Edgewater, president of the Maryland Pharmaceutical Association.

The recipient was born in Baltimore and graduated from the University of Maryland School of Pharmacy. Bookoff is a member of the board of trustees of the Kidney Foundation of Maryland and chairman of the pharmacists' division of Associated Jewish Charities.

He serves as a member of the Israel Bond Committee and is active in youth programs, including the Cub Scouts and Little League baseball. He is a member of the Chizuk Amuno Congregation and the Chizuk Amuno Brotherhood.

In pharmacy, Bookoff served as a member of the Board of Trustees and House of Delegates of the Maryland Pharmaceutical Association. He is chairman of MPhA's Prescription Insurance Plans Committee and is a member of the Executive Committee of the Baltimore Metropolitan Pharmaceutical Association. A member of the American Pharmaceutical Association, he also is President and a trustee of the Pharmaceutical Services Foundation and is a member of the American College of Apothecaries.

The "Bowl of Hygeia" Award, presented annually through the Maryland Pharmaceutical Association, is a handsome mahogany plaque measuring 10 by 13 inches and featuring the Bowl of Hygeia cast in bronze. It is modeled after a sterling silver bowl made by a Mexican silversmith and given to the A. H. Robins Company by its Latin American representatives in 1953 on the Richmond (Va.) ethical pharmaceutical manufacturing firm's 75th anniversary.

An appreciation of the time and personal sacrifice devoted by pharmacists to the welfare of their respective communities prompted E. Claiborne Robins, chairman of the board and executive officer of the company, to establish the award in 1958. It is now presented annually by participating pharmaceutical associations in each of the United States, the District of Columbia, Puerto Rico and the provinces of Canada. The recipients are selected by their respective associations.

Knowledge is power

... The wise man looks into the space, and does not regard the small as too little, nor the great as too big; for he know's that there is no limit to dimensions.



GOV. REAGAN AWARDED 2,000,000th COPY OF "PLAIN TALK ABOUT VD"

At a formal ceremony in which he was presented the 2,000,000th copy of Youngs Drug Products Corporation's booklet "Plain Talk About Venereal Disease," Governor Ronald Reagan was informed that the State is now showing its



Left to right: Bill Wickwire, Chairman of the Executive Committee of NARD, Governor Reagan, Fred Mayer, Chairman of NARD Venereal Disease Committee and Lewis R. Brenner, Youngs Product Development Manager, making award.

first signs of decrease in Gonorrhea in ten years. This decrease comes after a little more than two years of pharmacy's preventioncentered campaign against venereal disease in California. Presenting the 2,000,000th Pamphlet were Fred Mayer NARD Award Winning Pharmacist from Sausalito and Lewis Brenner, Young's Product Development Manager, A total of over 6,000,000 copies have been distributed nationally. The presentation was made at a State House meeting in Sacramento, which was part of the California Pharmaceutical Association's special "Legislative Day" program.

Governor Reagan paid high praise to the State pharmacist for being a prime source of distributing the two million "Plain Talk" pamphlets. A number of California clinics, youth groups, planned parenthood units and countless other volunteer organizations have also distributed the pamphlet.

40 STATE VD AWARENESS CAMPAIGNS PREDICTED BY THE END OF 1972

Before the start of 1973, Youngs Drug Products Corporation will have spearheaded pharmacy "prevention and awareness" campaigns against Venereal Disease in more than forty States. Youngs has already been a cosponsor to twenty-four state drives during 1972. And . . . the energetic company plans to put time, money and manpower in the form of VD education, prevention and treatment activities into an



John C. MacFarlane, Youngs Drug Products Corporation President, points to chart during press conference which launched Pennsylvania's VD Awareness and Prevention Month.

estimated 15 or more new State campaigns this year. In setting up the anti-VD drives, Youngs executives work hand-in-hand with local and state pharmaceutical associations and State administrative officials. Pharmacists in California, Colorado, Delaware, Florida, Hawaii, Illinois, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Washington, also New York City and Washington, D.C., have conducted VD "awareness and prevention" efforts.

YOUNGS "TELLS IT AS IT IS" IN 1972

In PENTHOUSE and PLAY-BOY. In BLACK SPORTS and FAMILY HEALTH. In PAR-ENTS and in TRUE, that's where you and your customers will see Youngs 1972 Trojan brand prophylactic advertisements. And...this year they will be running in two colors with copy that stresses conception con-

trol as well as Venereal Disease prevention.

Across the nation, through every promotional device available...in magazines, newspapers, in-store displays, pamphlets and print and prime time TV publicity, Youngs is telling it as it is about the only positive VD preventative and male contraceptive...the condom. And... Youngs is the only major manufacturer of prophylactics who recommends the pharmacist in every ad.

MEET THE WORLD'S FIRST PROPHYLACTIC SALESWOMAN

Woman's lib is one thing...but whoever heard of a woman, young and attractive to boot, selling of all things, Trojans?



Pretty Jean Zucker ace West Coast Saleswoman stands before new Youngs product display. (New California legislation now permits open display of prophylactics).

Youngs Drug Products Corporation has earned a brilliant reputation for always being first, but isn't this going too far? Not so, according to John C. MacFarlane, Youngs Drug President and the man who hired 33 year old Jean Zucker to sell and supply male prophylactics and related intimate hygiene products to more than 400 pharmacies in West Los Angeles and Beverly Hills.

According to MacFarlane, Jean is the only member of her sex serving as a Trojan Sales Representative. The mother of three children, Jean loves her job and her sales record shows it! She claims there were a few raised eyebrows when she made her first sales calls but she was soon pleased to discover that pharmacists were more than happy to see her. Who wouldn't be!

Inaugural Address

Bernard B. Lachman

Address of Bernard B. Lachman upon his installation as President of the Maryland Pharmaceutical Association presented on May 7, 1972 at the 90th Annual Convention, Washingtonian Motel and Country Club, Gaithersburg, Maryland.

Because this is 1972 and because of our proximity to the juiciest core of all political activity, I must admit to the temptation of waving my hands, raising my voice to a shouting pitch and, of course, making every word count. With 25 words or less, I would present not only a large number of battle-weary pharmacy problems but would also introduce expose-style a few new ones. Then, heroically and with calculated composure, I would reel off a series of oversimplified answers as my own response to intricately involved and very perplexing questions. The trick, of course, is to never deal in specifics. Never, never tell how you will provide those easy answers to the oft-times ultra complex problems that seemingly defy an immediately clear interpretation.

Naturally, my remarks tonight will not be political. However, it may suit my purpose to talk within a political framework. For instance, what are the issues?

Somehow, I can only find one, and that is the almost overwhelming and dynamic change that spans every area of pharmaceutical endeavor. Basically, we are talking about the delivery of productive and comprehensive health care for every man, woman, and child in this country. What does this mean for the various segments of pharmacy?

For the community pharmacist we are saying that it is urgent for him to supply a continuous input and participation in such concerns as health maintenance organizations and health centers, all third-party programs, health legislation, drug product selection, and education in drug abuse, in venereal disease and in population control. And this is only a partial list.

In hospital pharmacy the \$100 question is how can total clinical utilization be accomplished so that there is full use of the pharmacist's abilities in communicating and imparting his valuable drug knowledge to both the doctor and the patient? How about the college of pharmacy where it all begins and where the challenge is perhaps the most critical of all? The colleges must set a blistering academic pace that will prepare the pharmacist whether it be for community practice, the institution, the nursing home or other health delivery systems. What of its other commitments to meaningful preceptorship, continuing education, drug information and drug abuse? How effectively will pharmacy education respond to the national battle cry, "patient-oriented pharmaceutical services"?

By now it is obvious to all that I am long on questions and short on answers. That is because there is so much that I don't know. However, several very relevant facts do stand out in my mind.

Although Maryland may be considered a mini-state in size, we have consistently produced a high percentage

of national leaders. Among them have been a president of the National Council of State Pharmaceutical Association Executives, a president of the American College of Apothecaries and nominee for president of the American Pharmaceutical Association, a president of the National Association of Boards of Pharmacy, a president-elect of the American Pharmaceutical Association Academy of General Practice, a secretary of the Sectiton of Teachers of Biological Sciences of the American Association of Colleges of Pharmacy. I'm sure there are a few I have missed.

Pharmacy in Maryland can also take pride in its initiative. We are among the select states where a physician cannot own a pharmacy and where it is unlawful to advertise prescriptions. We have a Pharmaceutical Services Foundation which is essential to the delivery of total health care systems. We are hopeful that the Governor agrees with us about a disclosure law,* which means all distributors of drugs in our state must reveal the name of the manufacturer and give pertinent information relating to the biological effectiveness. We will continue to fight for a viable drug product selection law.** We believe it is right and we agree with the American Association of Colleges of Pharmacy and the National Association of Boards of Pharmacy-District 2 that anti-substitution laws should be phased out and replaced.

As for the future, I am exercising political license. You'll get neither promises nor "how's" tonight. Instead, you receive my pledge for my very best. I view the next year with positiveness, confidence and a few more gray hairs. I think we will meet our responsibilities.

What is more, we will continue to be among the leaders of national pharmacy. I base this prediction upon the fact that Maryland pharmacy is blessed with some outstanding personnel, and past performance is a reasonble barometer for the future.

Beyond this, I can say no more.

Henry Wadsworth Longfellow was better equipped when he wrote, "Look not mournfully to the past—it comes not back again; wisely improve the present—it is thine; go forth to meet the shadowy future without fear, and with a manly heart."

- * House Bill 1160
- ** House Bill 573

PHARMACY CALENDAR

October 1-5—National Association of Retail Druggists Annual Meeting, Conrad Hilton, Chicago.

October 22-25—Maryland Pharmaceutical Association Fall Regional Convention Round-Up, Las Vegas, Nevada.

December 3-7—American Society of Hospital Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada.



Stock up on Robitussin®, Robitussin-DM®, and Robitussin-PE® at special low deal prices. During the 1971-72 cough/cold season (Nov.-Feb.) sales of these three products increased 32%, while the market was up 26%. These increases were recorded across the board—in chains and in small, medium, and large independents. Robitussin and Robitussin-DM held a big 12% share of this cough preparation market which was in excess of \$50 million for the 4-month period. In addition, they are the most heavily prescribed cough syrups sold OTC with over 2 million scripts filled annually. In spite of all this Rx volume, some 75% of all Robitussin and Robitussin-DM business is OTC. And don't overlook Robitussin-PE. It recorded a whopping 38% increase last winter and is moving up fast in scripts and OTC sales.

The Deal also includes the 7-ounce sizes of Robitussin and Robitussin-DM. You know these products are going to move off the shelf, so give them the facings they have earned. Your Robins Representative will be around to see you soon. Buy 'em while it's hot for more cold profit next fall and winter.

A. H. Robins Company, Richmond, Va. 23220 A-H-ROBINS

Stock up on the hot movers and put your facings where your profits are!

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of May:

New Pharmacies

Oxon Hill Family Pharmacy, Richard J. Williamson, President; 5418 Oxon Hill Road, Oxon Hill, Maryland 20022.

Circle Drug, Jerome Settleman, 1504 Reisterstown Road, Pikesville, Maryland 21208.

No Longer Operating As Pharmacies

Macek's Pharmacy, Bernard F. Macek, President; 900 South Ellwood Avenue, Baltimore, Maryland 21224.

Arnold Pharmacy, Arnold M. Friedman, Route 2, Arnold, Maryland 21012.

Richman Drugs, Philip Richman, 90 West Street, Annapolis, Maryland 21401.

Tower Pharmacy, Harry E. Macks, 9101 Liberty Road, Randallstown, Maryland 21133.

Drug Fair No. 85, Milton L. Elsberg, President, 17 West Baltimore Street, Baltimore, Maryland 21201.

Redmond & MacLarty Pharmacy, D.C. MacLarty & N. P. Redmond, 4032 Falls Road, Baltimore, Maryland 21211.

Changes Of Ownership, Address White Cross, D. M. Robinson, President:

(Corporation change) 215 West Lexington Street, Baltimore, Maryland 21201 6852 Reisterstown Road, Baltimore, Maryland 21215.

501 South Broadway, Baltimore, Maryland 21231 2315 North Point Boulevard, Baltimore, Maryland 21222

1820 Earhart Road, Baltimore, Maryland 21221 5305 Baltimore National Pike, Baltimore, Md. 21229

1969 East Joppa Road, Baltimore, Maryland 21234 913, Taylor Avenue, Baltimore, Maryland 21204 133 Baltimore Street, Cumberland, Maryland 21502

60-64 West Washington Street, Hagerstown, Md. 21740 Gordy's Pharmacy, Inc., F. R. Batie, President; (Change of ownership), 213 East Main Street, Salisbury, Maryland 21801.

The following are the pharmacy changes for the month of June:

New Pharmacies

White Cross, D. M. Robinson, President; U. S. Route 40 and Cleveland Avenue, Hagerstown, Maryland 21740.

No Longer Operating As Pharmacies Hereford Pharmacy, William Maseth, Monkton Post

Office, Hereford, Maryland 21111.

Atholton Pharmacy, Inc., William B. Jackson, Jr., President; Route 29 and Donleigh Drive, Simpsonville, Maryland 21150.

Changes Of Ownership, Address

Bradley Drugs, Stanley F. Smith, President; (Change of ownership), 6900 Arlington Road, Bethesda, Maryland 20014.

To work hard to achieve a goal is commendable.

To acknowledge those who help you attain the goal is an expression of appreciation.

We, therefore, thank all our customers whose attendance and foresight in purchasing merchandise made our annual Merchandising and Gift Show a tremendous success.

THE CALVERT DRUG COMPANY, INC.



Charles H. Tregoe Appointed Drug Control Chief

Charles H. Tregoe, who served as assistant to the late Francis S. Balassone, was appointed Chief, Division of Drug Control for the state of Maryland effective May 3, 1972. The unit is part of the Environmental Health Administration of the Department of Health and Mental Hygiene.

Mr. Tregoe will have statewide responsibility for administering the enforcement of state laws and regulations pertaining to drugs and related products, pharmacy operation and the drug industry.

A native of Baltimore, Mr. Tregoe attended Forest Park High School and graduated from the University of Maryland School of Pharmacy in 1959. He is a graduate of the University of Baltimore School of Law and holds a J.D. degree.

He was employed as a Drug Inspector with the Division of Drug Control since 1962. Prior employment includes Read's Drug Stores as a pharmacist and Abbott Laboratories as a medical sales representative.

He holds memberships in the Maryland Pharmaceutical Association, the American Pharmaceutical Association, the University of Maryland School of Pharmacy Alumni Association and the University of Baltimore School of Law Alumni Association.

Mr. Tregoe is married to Patricia Carol.

Maryland Drug Information Center Established

Dr. Edward Davens, coordinator of the Maryland Regional Medical Program, and Dr. William J. Kinnard Jr., dean of the University of Maryland School of Pharmacy, announced formation of a new Maryland Drug Information Center on the campus of the University of Maryland at Baltimore. The initial funding, an RMP grant of \$114,000, will support the program for the first year, and support will be continued for two more years.

"The new center will answer any questions about drugs from a physician, dentist, nurse, or other health professional," Dean Kinnard said. "Emergency calls from laymen are answered by the Poison Information Center, which is also located at our School of Pharmacy. The Drug Information Center will provide the practitioner with prompt, unbiased, and evaluated information about drug action, dosage, use, adverse effects, toxicology, identification, and composition. This service is greatly needed. Hospitals in the area have asked us for it, and we want to assist the community physician too, who needs the information just as much."

New drugs come out so often that no practitioner can be fully acquainted with all of them, Dean Kinnard explained. When a physician wants information about a new drug he must either ask the manufacturer's medical representative or spend hours combing medical journals for reports of investigators who have tested it.

"Now, the physician can pick up the phone and ask us what adverse reactions he might expect if he gave a patient such-and-such a dose of chlorothiazide, for example," Dean Kinnard said. "We can supply him with well-documented facts, not only from our own resources at the University of Maryland but from national resources. Our computer terminals will be linked to data bases at both the National Clearinghouse for Poison Control Information and the National Library of Medicine's MEDLARS system. We can give the physician as much detail as he wants, including lists of annotated references and copies of any individual articles he would like to see."

Adverse drug reactions account for about 10 or 15 per cent of all hospital admissions, and often prolong the patient's stay in the hospital as well, Dean Kinnard said. With better information, physicians can not only choose more effective drugs but also avoid most drug-induced illness.

Although there are other drug information centers throughout the country, Dean Kinnard said that the Maryland center is unique in being directed by a medical information specialist, Miss Winifred Sewell, whose extensive experience includes participation in development of the MEDLARS system.

In its first year, the center's operation will be devoted to developing the program and acquainting practitioners with this new source of information. Lines of communication will be established with about a dozen health centers by the second year, and Dean Kinnard expects the program to be in full operation by the third year. After that, he said, it should be self-supporting.

MPhA In Action Board of Trustees Meetings

NATHAN I. GRUZ, Executive Director

May 7, 1972

The following is a summary of actions taken at the May 7, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter of congratulations from APhA on the MPhA success in the 1972 state legislative session.
- —Noted communication from the state medical society regarding H.B. 573 (allows pharmacist to dispense another brand of drug under certain circumstances). State medical society invited MPhA representatives to their House of Delegates meeting.
- —Approved Treasurer's report indicating income as of April 30, 1972 of \$34,805. and disbursements of \$17,804. Checkbook balance was \$11,949. Completed audit for 1971 was also presented showing balanced budget with a surplus of \$3,000. being used as payment for settlement of the Swain Model Pharmacy. Prince Georges-Montgomery County Pharmaceutical Association has allocated \$200. towards payment of the Swain Model Pharmacy.
- —Approved President's report expressing appreciation to his committee chairmen for their help in making his year a success. The President was given a rising vote of thanks by the Board.
 - The President reported on the APhA Convention pointing out the prominence of Maryland pharmacists on the national scene, citing Past President Morgenroth as nominee for APhA President, of the installation of Past President Fedder as President Elect of the Academy of General Practice of Pharmacy and Mr. Gruz who was installed as President of the National Council of State Pharmaceutical Association Executives.
- —The Executive Director reported on activity with legislative matters including an appearance before the House of Delegates of the state medical society. Other activities included Pharmaceutical Services Foundation, MPhA special meeting of the House of Delegates, Board of Pharmacy, attendance at the State Executives and APhA meetings in Houston, third party payment plans, HMO's and national legislation.
 - A brochure from the American Association of Colleges of Pharmacy cites the work of the University of Maryland in the areas of drug information and drug abuse. The NARD is backing H.R. 14304 which will enable pharmaceutical associations to negotiate in prepaid prescription programs. Small businesses with fewer than 60 employees are now fully exempt from wage-price controls. A group of pharmacists residing in Harford, Cecil and upper Baltimore County held an organizational meeting to form a local association.
- —Heard Membership Committee report.
- -Received Legislative Committee report noting status of bills to be signed by the governor.
- —Approved the Board of Pharmacy Committee report noting that Board of Pharmacy has acted to seek in-

- junctions against those pharmacies violating the pharmacy law on advertising.
- —Recommended the names of Dolores Ichniowski, Ralph Quarles and David Scott as MPhA nominees for the vacancy of Mr. Balassone's term ending April 30, 1974. For the vacancy of Norman J. Levin, the term expiring April 30, 1973: Charles H. Tregoe, Nathan Schwartz and Paul Bergeron.
- —Declared mail ballot election of Vice President invalid due to confusion on identification of ballots with a new mail ballot to be held.
- —Selected the late Wilfred H. Gluckstern as the nominee for Honorary President posthumously.

May 9, 1972

A special meeting of the Board of Trustees was convened to fill the vacancy on the Board of Trustees upon the election of Trustee Anthony G. Padussis as MPhA President Elect. John R. McHugh was appointed to the vacancy.

June 8, 1972

The following is a summary of actions taken at the June 8, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter of thanks from the state medical society for MPhA participation in a meeting on mutual problems involving prescribing practices and drug abuse.
- —Noted communication from APhA on proposed BNDD regulations placing new limits on dispensing of controlled dangerous substances.
- —Approved President's report noting attendance at a meeting of representatives of allied health professions regarding H.B. 468 (delegation of physician's duties). The President addressed the senior assembly welcoming them as new members, attended the Alumni Association Banquet and attended at hearing in Annapolis before the Governor on legislation.
- —Approved Treasurer's report. The feasability of a WATTS telephone line is being studied.
- —The Executive Director reported on major activities since last Board meeting including MPhA Convention at the Washingtonian in Gaithersburg and reconvened sessions in Mexico. Noted excellent program and business sessions at convention with good participation. Met with representatives of the Tri-County Pharmaceutical Association (Harford, Cecil and Northeast Baltimore Counties) providing them with rosters and suggested Constitution. Participated in meetings of the Board of the Pharmaceutical Services Foundation. The Executive Director testified at hearings before the

The Executive Director testified at hearings before the Governor on H.B. 408 (delegation of physician's duties). Spoke to Allegany-Garrett Pharmaceutical Association in Cumberland along with legislative chairman Freiman.

-Received Convention Committee report and discussed convention sites for 1973. The concensus was that the 1973 Convention be held in Ocean City, Maryland after June 15 if suitable arrangements can be made.

-Heard Legislative Committee report which reviewed bills enacted and signed by Governor affecting Pharmacy. A Legislative Subcommittee headed by Messrs. Anthony Padussis and Edward Sears will develop a network of pharmacists to contact all legislators. Action will be taken to implement S.B. 621 (freedom of choice of pharmacy in insurance plans) effective July 1. H.B. 573 (drug product selection bill) is effective December 1 and forms for pharmacists to notify physicians will be developed for MPhA members.

A proposal will be presented to the MPhA House of Delegates recommending that a compulsory continuing education act be introduced in which a Tripartite Committee made up of MPhA, Board of Pharmacy and School of Pharmacy will set standards. There will be a total examination of the Maryland Pharmacy Act by the Tripartite Committee. Another proposal will seek to ban the selling of vitamins or medicines which are in shapes appealing to children or promoted as candy, and there will be a proposal to include a public member on the Board of Pharmacy.

-Received the Membership Committee report.

Received the Board of Canvassers report announcing that Mary Connelly was elected Vice President in the special mail ballot election.

Discussed application for membership of a pharmacist who is employed by a mail-order pharmacy in D.C. Ruled that since mail-order pharmacy operations are in violation of the Maryland Pharmacy Law and the APhA-MPhA Code of Ethics that pharmacists associated with such operations would be ineligible for membership.

Approved Committee appointments as follows: Convention Committee: Anthony Padussis, Chairman. Peer Review: Irvin Kamenetz, Chairman; Sydney Burgee, Co-Chairman; Harry Eisentrout, Gerald Dechter, John Padousis, Joseph Dorsch, James Truitt. Judicial Board: Richard Parker, Chairman; William Connor, Donald Fedder, Paul Bergeron, David Scott, Clinton Englander, Mary Connelly. Finance Committee: John McHugh, Chairman. Professional Relations: Stephen Hospodavis, Chairman. Sustaining Membership: Nathan Schwartz, Chairman. Legislative Committee: Paul Freiman, Chairman. Membership Committee: Melvin Rubin, Chairman. Prescription Insurance Plans: Morris Bookoff, Chairman. Institutional Pharmacy: Mary Connelly, Chairman. Public Relations: Charles E. Spigelmire, Chairman. Constitution and By-Laws: Melvin Sollod, Chairman; Henry Seidman, Co-Chairman.

The President announced that he would make a recommendation for a Professional Education Committee to be charged with the responsibility for School of Pharmacy, seminars, and continuing education. Also a Public Health Committee charged with the responsibility for information to the public and liaison to various health groups.

The President appointed the following committee to investigate a suitable commemoration for Francis S. Balassone by the MPhA: H. Nelson Warfield, Simon Solomon and Norman J. Levin.

New Members

The following is a list of the new members approved at the May 7, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association:

David Walker, Baltimore, Drug Fair; John P. Guy, Rockville, People's Drug Stores; Edmund C. Jones, Fairfax, People's; Joseph W. Davies, Hagerstown, Eakle's Pharmacy; James K. Walters, Jr., Baltimore, pledge program; Marsha Dudding, Baltimore, pledge program; Donald Collins, Laurel, pledge program; Carl S. Walker, Clinton, Memco Pharmacy; Kenneth Sumida, Randallstown, pledge program; John J. Novak, N.J., pledge program; Larry A. Bierly, Greenbelt, pledge program; Julia Kirchner, Landover, pledge program; George Huber, Adelphi, Leland Memorial Hospital; Leon Goodman, Baltimore, Drug Abuse Administration; Louis Oken, Baltimore, Oken Drugs; Jerome Karpa, Baltimore, Middle River Pharmacy; Jerome Clayman, Baltimore, Alameda Pharmacy; Steven Tompakov, Baltimore, Read's; Charles Keller, Baltimore, Paradise Pharmacy; Leon Rosen, Baltimore, Rex Pharmacy; Nancy Kelly, Greenbelt, Drug Fair.

The following names were approved at the June 8 meeting of the Board of Trustees:

Douglas Kadan, Cockeysville, pledge program; James L. Terborg, Baltimore, pledge program; Martin T. Paul, Baltimore, pledge program; Alfred Abramson, Baltimore, Eastern Pharmacy; Arnold Blaustein, Baltimore, Dolfield Pharmacy; Sue B. Fine, Randallstown; Harry Messinger (associate member), Wayne, Pa., Kerr Glass; Dennis Reaver, Baltimore, pledge program.

Sidney Hollander

For the record the passing of Sidney Hollander on February 23, 1972 is noted. The following is extracted

from The Baltimore Evening Sun.

Sidney Hollander, 90, a lifelong champion of social justice, died on February 23 at Sinai Hospital. He attended City College, the College of Pharmacy and the University of Maryland eventually becoming a licensed pharmacist. With his brother Walter he founded the Maryland Pharmaceutical Company, which manufactured and promoted a cough syrup named Rem into a national moneymaker. Mr. Hollander was president and chairman of the board of the company when it was sold in 1956.

Sustaining Members Maryland Pharmaceutical Association

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CALVERT DRUG COMPANY
H. B. GILPIN COMPANY
LOEWY DRUG COMPANY
MARYLAND NEWS COMPANY
MILLER DRUG SUNDRY COMPANY

University Of Maryland School Of Pharmacy

The School of Pharmacy, University of Maryland at Baltimore, awarded James Michael Hill, of Silver Spring, Md.. the Gold Medal for General Excellence at its Honors Convocation on June 1. Certificates of Honor to holders of next highest averages were given to Brenda Mae Brandon, Elkton, Md.; William Francis Lewis, Ellicott City, Md.; and Elliot Ira Kahn, Baltimore. William G. Sykes, director of the Model Cities Agency, gave the evening's address, "Delivery of Health Care Service In the Inner City."

Other awards, presented by Dr. William J. Kinnard, Jr., dean of the pharmacy school, include the following: L. S. Williams Practical Pharmacy Prize, to the senior student having the highest general average throughout the course in practical and dispensing pharmacy—Joseph Edward Poklis, Baltimore; Andrew G. DuMez Medal, for superior proficiency in pharmacy—Barbara Elizabeth Dorsch, Ellicott City, Md.; Conrad L. Wich Pharmacognosy Prize, for exceptional work throughout the course in pharmacognosy-Elliot Ira Kahn, Baltimore; William Simon Memorial Prize, for superior work in the field of practical and analytical chemistry-William Francis Lewis, Ellicott City, Md.; Wagner Pharmaceutical Jurisprudence Prize, for meritorious academic achievement in pharmaceutical jurisprudence — Michael Edwin Jones, Prince Frederick, Md.; John F. Wannenwetsch Memorial Prize, to a senior student majoring in general pharmacy who has exhibited exceptional performance and promise in the practice of community pharmacy—Anthony Ernest Rogalski, Baltimore; David Fink Memorial Prize, to a senior student for proficiency in the general practice of pharmacy - James Michael Hill, Silver Spring, Md.; Kappa Chapter Alpha Zeta Omega Fraternity Prize, to a senior student for proficiency in pharmacology—James Michael Hill, Silver Spring, Md.; Epsilon Alumnae Chapter, Lambda Kappa Sigma Sorority Prize, to a senior student for proficiency in pharmacy administration—Charles Weedon Kelly, Cambridge, Md.; Maryland Society of Hospital Pharmacists Award to a senior student who shows promise in the area of hospital pharmacy — Raymond Walter Morris, Baltimore.

Dr. George Wright, class adviser, also introduced seven pharmacy students earning university recognition for academic honors. Four students graduate with high honors and three with honors. They are: High Honors — Brenda M. Brandon, Elkton, Md.; James Michael Hill, Silver Spring, Md.; Elliot Ira Kahn, Baltimore; Barbara Elizabeth Dorsch, Ellicott City, Md. Honors—Joseph Edward Poklis, Baltimore; William Francis Lewis, Ellicott City, Md.; John Joseph Novak, Roselle Park, N.J.

Also recognized were newly elected members of Rho Chi, the national honorary pharmaceutical society. They are: Fifth Year Student—Joseph E. Poklis, Baltimore; Fourth Year Students—Donald S. Bialek, Chevy Chase, Md.; Miles S. Blumberg, Baltimore; Michael J. Evanko, Jr., Baltimore; Martin I. Herman, Reisterstown, Md.; Stephen G. Lewis, York, Pa.; Graduate Students — Paul T. Carroll, Los Gatos, Calif.; Thomas E. Goelz, Timonium, Md., Arthur N. Riley, Westminster, Md.; Anil M. Salpekar, Baltimore.

SCODAE

These six letters which stand for Student Committee on Drug Abuse Education are becoming known to more and more groups from schools, churches and colleges as a result of the efforts of this pharmacy school based group. In their presentations, SCODAE's student speakers try to give their listeners some insight into what drug abuse is and what drugs can do to them. Begun about four years ago, the group averages about two presentations a week. Last year more than 100 programs were given.

In addition to speaking to off-campus groups, SCODAE speakers have talked to medical students as part of the Alcoholism and Addiction Program at the School of Medicine. The committee also publishes a bimonthly newsletter called *Pharm-Alert*.

In preparation for their work, SCODAE members took a four-week seminar in drug abuse last summer and ten of the students participated in a ten-week course given by Man-Alive, a methadone maintenance program in Baltimore.

Though all of the approximately 15 students who serve regularly on the committee are pharmacy students, the group would like to involve students from the other schools on the University of Maryland campus. Many more speakers are needed, according to chairman Anthony Tomasello, to keep up with the requests.

School of Pharmacy Receives \$59,000 HEW Grant

The School of Pharmacy of the University of Maryland at Baltimore was awarded a \$59,425 grant by the United States Department of Health, Education and Welfare. The grant will support a three-phase program at the University of Maryland to expand the opportunities of black students in pharmacy. The first phase will be a recruitment program headed by a black counselor and directed primarily at black high schools and colleges throughout Maryland. The second phase will be an effort to prevent black students from dropping out of pharmacy school. The retention program involves monitoring a student's progress, improving his academic skills and providing summer work-study opportunities. The School of Pharmacy will also try to give graduating black students the best possible chance of success in starting a career. The school will determine where pharmacists are needed and where venture capital can be obtained. It will also provide aid in solving special operating problems that may be inherent in setting up a new pharmaceutical

The grant was among 13 totaling more than one million dollars, the first to be awarded under a new federal effort to raise the proportions of minorities in the health professions.

APhA DRUG INTERACTIONS PROJECT

Dr. Peter P. Lamy, Associate Professor and Director, Institutional Pharmacy Programs and Dr. David A. Blake, Associate Professor and Head of Pharmacology and Toxicology at the University of Maryland, School of Pharmacy, have been appointed chairmen of two of the twenty-five subpanels of the APhA Drug Interactions Project's Scientific Review Panel. Subpanel chairmen are responsible for overseeing the general quality and accuracy of drug interaction monographs and chapters prepared by members of their respective subpanel, as well as arbitrating differences of opinion which may arise within the particular subpanel during the course of its review and evaluation activities.

If, in the opinion of the subpanel chairman, any drafted material emanating from his subpanel is not suitable for publication, he has the authority to withhold it from the first edition of "Evaluations of Drug Interactions—1973," scheduled for publication this fall. Dr. Lamy will chair the subpanel on Acidifiers and Alkalizers while Dr. Blake will chair the subpanel on Sedatives and Hypnotics.

Pharmacists Attend Children's Graduation Exercises

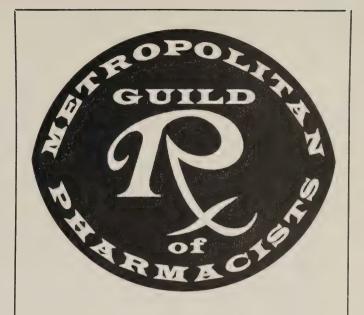
Among the fathers and mothers attending graduation exercises at the University of Maryland at Baltimore were four especially proud pharmacists. They were Joseph U. Dorsch, father of Barbara Dorsch, Pharmacy graduate; Bernard Rosenthal whose daughter, Barbara, and son, Martin, graduated from the Medical School; Morris Lindenbaum, father of Pharmacy graduate Steve Lindenbaum and Israel M. Ruddie whose son Tyler P. Ruddie graduated from Pharmacy School.

FDA Will Allow Methotrexate Dispensing By Pharmacists

Food and Drug Administration Commissioner Charles C. Edwards announced FDA's plans to change its policy on methotrexate dispensing in order to permit pharmacists to dispense the drug directly to patients. Previous labeling requirements cautioned the pharmacist to dispense only to physicians. The new label warning will be similar to the following suggested to the FDA by the American Pharmaceutical Association last November:

"Notice to pharmacists-Methotrexate therapy requires close, continual supervision by the physician to avoid known side effects of the drug. Pharmacists should not dispense more than seven days supply of the drug at one time nor renew such prescription more than once. The pharmacist should ascertain that the patient is cooperating in terms of the necessary monitoring by the physician."

FDA approved last year the use of methotrexate in the treatment of severe recalcitrant cases of psoriasis. Its use for leukemia and some forms of cancer was approved by FDA many years ago. The sole manufacturer in the U.S. is Lederle Laboratories.



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MPhA In Action

90th Annual Convention Photos



90th Annual MPhA Convention, May 7-9, 1972, Gaithersburg, Maryland. Top Row (1 to r) Bernard B. Lachman, left, presents Past President's plaque to Nathan Schwartz. Nathan Schwartz presents out-going Honorary President's plaque to H. Nelson Warfield. Paul Freiman, Chairman of MPhA's Legislative Committee, explains "Drug Product Selection." Second row (1 to r) Tuesday luncheon speaker, Dr. T. Donald Rucker, Head of Drug Studies Branch, Department of HEW. Morris Bookoff, center, receives Bowl of Hygeia award from A. H. Robins District Manager Roger L. Elgins as Nathan Schwartz looks on. Officers of the MPhA House of Delegates: S. Ben Friedman, Vice Speaker; Henry G. Seidman, Speaker; Nathan I. Gruz, Secretary. Third row (1 to r)

Bernard B. Lachman, left, is installed as MPhA President by Toastmaster Charles E. Spigelmire. D.C. Pharmaceutical Association Panel Discussion on the Metropolitan Council of Pharmacy Associations featured Edward Spearbeck, Leonard Demino and Martin Hauer. Nathan Schwartz, MPhA Past President; Henry G. Seidman, Past Vice Speaker and present Speaker; and Sydney L. Burgee, Jr., Past Speaker of the House of Delegates. Fourth row (1 to r) Richard D. Parker, banquet toastmaster. Bernard B. Lachman, incoming President. Frank Block, Secretary of the Maryland Board of Pharmacy. John R. McHugh, presenting report. Melvin N. Rubin, presenting report.



Upper left: MPhA post-conventioners preparing to board bus at the Pierre Marquis Hotel, Acapulco, Mexico. Upper right: Louis Rockman, far right, Chairman of T.A.M.P.A. (Travelers' Auxiliary) Registration Committee, with his crew: (1 to r) William A. Pokorny, Paul J. Mahoney, John C. Matheny, and John A. Crozier. Upper middle right: Eight Annual Simon Solomon Pharmacy Management Seminar participants: John R. McHugh, Dr. David A. Nnapp, Dr. Christopher A. Rodowskas, Jr., American Association of Colleges of Pharmacy; Nathan Schwartz, and Nathan I. Gruz. Lower middle right: Prince Georges-Montgomery County Pharma-weutical Association Installation of Officers and Executive Committee: (Standing) S. Ben Mullitz; Henry Johnson; Michael Leon-Ird, Treasurer; Henry W. Theis, Jr., Second Vice President; Simon Zvares; Martin Hauer, Chairman of Executive Committee; S. Ben Friedman, First Vice President; Paul Bergeron, II; Paul Gal-

lagher; Edward Sandel, Third Vice President; (Seated) Leonard Rosenberg; Edward D. Nussbaum, President; Paul Reznek, Secretary; and L. Nobel. Left middle: LA.M.P.A. (Ladies' Auxiliary) members (standing, I to r) Mrs. Milton A. Friedman, Mrs. Nathan Schwartz, Mrs. Charles E. Spigelmire, Mrs. William A. Pokorny, Mrs. Anthony G. Padussis, Mrs. Frank Block, (seated, I to r) Mrs. Sadie Wagner, Membership Treasurer; Mrs. Charles S. Austin, Treasurer; Mrs. Louis M. Rockman, President; and Mrs. Richard R. Crane, Communications Secretary. Bottom row: (I to r) S. J. Latona, Vice President, Washington Wholesale Drug Exchange, presents gift to out-going President Martin Hauer. Ben S. Mulitz, Vice President, District Wholesale Drug Corporation presents gavel to incoming President Edward D. Nussbaum. Henry Johnson, Sales Manager, Washington Division, Henry B. Gilpin Co., making presentation to Martin Hauer.

The Professional Experience Program

The Role of The Coordinator

by

William H. Edmondson Coordinator, Professional Experience Program University of Maryland School of Pharmacy

NOTE: During the experimental stages of the professional experience program of the University of Maryland School of Pharmacy, it was determined that it was absolutely necessary to appoint a full-time coordinator to handle the mechanics of assignment, carry out visitations, trouble-shoot problems and develop assignment and evaluation forms. An extreme debt is owed to Mr. Henry G. Seidman, who in addition to his regular duties as Director of Continuing Education, handled many of the coordinator's functions during the developmental stages of the program and continues to serve in an advisory capacity to assist the coordinator in day-to-day activities.

In June 1972, the University of Maryland School of Pharmacy graduated the first class of pharmacy students in the history of pharmacy education in the United States, to complete all practical experience requirements for licensure within the curriculum of a school of pharmacy. This article deals with overall responsibilities and day-to-day activities of the program coordinator.

The position of Professional Experience Program Coordinator involves the following responsibilities:

- (1) Arrangement of preceptor and extern schedules and making assignments.
- (2) Development of assignment, examination, and evaluation forms.
- (3) Solving day-to-day problems and making on site visitations.

Scheduling:

Probably no other single factor can contribute more to the success or failure of the externship program than fair, equitable and individualized scheduling. The following procedure is followed:

- (1) Make a list of all available preceptors for each month in both community and institutional pharmacy.
- (2) Publish list and request students to make first, second, and third choice. (Profiles of both preceptors and externs are available)
- (3) Assign student based on preference and individualized needs based on prior experience. Students who are given other than first choices are assured of first choice in later months.

While the most important factor to be considered in student assignment is the experience need of the student, other points must be considered.

- (1) Location and convenience to living quarters.
- (2) Transportation—particularly where private car is not available.
 - (3) Prior assignments.

Many of these problems can be solved during preliminary discussions with externs before preference sheets are submitted. Problems were most acute during Phase I of the program wherein all students are required to complete one month of training in both a community and hospital pharmacy and preceptor occupancy is at a maximum. During Phase II and III of the program, students have a better working knowledge of the program and preceptor occupancy is at a lower level.

It is not difficult to randomly schedule a class of 50 to 60 students if enough locations are available. The real problem comes when efforts are made to design an externship program which optimally meets the needs and desires of the individual. The determination is most critical during Phase II and III of the program when core experience requirements have been completed and both types of practice and specialties within this type must be considered. One of the major advantages of the Maryland program is the flexibility the extern has in designing the program that best meets his needs.

Form Development:

In order to make any program run smoothly, guidelines and supportive material are needed to aid in instructional guidance. As the program developed through the year, form development became an ever increasing necessity to aid the Professional Experience Program staff, preceptors, and externs in keeping tract of assigned materials, work schedules, profile and evaluation data. As the paperwork and mass mailings increased, the need to apply data processing techniques became obvious.

Profile forms of both preceptor and extern, profiles on each community and hospital pharmacy and many evaluation forms were placed on a master file in the data center on campus. This will cut a considerable amount of time previously spent with form duplication and record keeping. It is anticipated that at some time in the near future all evaluation forms will be computerized and that grading and information retrieval will be automatic. Data preparation in this form will lend itself accessible enough to obtain an updated performance record on any extern at any point of time in the program. To some, this may not seem important or even significant but when an individual is held accountable and responsible for keeping an updated performance record on each extern, data processing techniques that provide automatic grade and performance record retrieval systems are imperative.

It is extremely difficult to predetermine how many or what type of forms will be needed for a program of this nature. However, the rate to which a program progresses and how closely one wants to monitor each extern's progress, time schedules, and evaluations of each experience will establish the parameters for form development.

Visitations:

In order to monitor the progress of each extern as closely as possible, it is extremely important to make routine on-site visitations. This usually involves at least one visitation per extern per month. In some cases, more than one visitation may become necessary to trouble-shoot problems that may arise. Therefore, a considerable amount of the coordinator's time is spent "on the road."

These visitations have been found to be essential in drawing preceptors closer to the school so that they feel they, too, are a part of the whole scheme of things and not just an outsider participating in a school sponsored program. Thus, the coordinator is identified as the liaison between preceptor, extern, and the school.

The visitations also act as a constant reminder to the externs that the school is concerned about them and their progress on an individual basis. The importance of the visitations must not become diluted with the advent of other administrative tasks. Once this bond of preceptor, extern, and school is broken and communications diminish within the framework of the triangle, the credibility of the program is diminished. Through past experiences, it has been found that in order to deal with the realities of situations that arise and to have an appreciation for the problems that occur, office telephone calls cannot begin to match the effectiveness of personal onsite visitations.

The coordinator is constantly being approached as a sounding board for gripes, problems and philosophical rhetoric about the program and the profession. It is important that both extern and preceptor be allowed to express their views frankly to the coordinator. No matter how well structured or sophisticated the program, the people in the field are the ones who have to interact successfully and solve problems on a day-by-day basis if the program is to be successful. Therefore, every opportunity must be presented for all concerned to express their views and make recommendations.

Evaluation:

In the long run, the success of any professional experience program will depend upon establishing a meaningful and fair method for evaluating an extern's progress. Unfortunately, there are few examples which could serve as a basis for the Maryland program as far as pharmacy training is concerned. A review of evaluation procedures for clinical experience, utilized by other professional schools, was not particularly helpful and the forms developed were basically a product of our own experiences. The development of evaluation forms and their utilization will be discussed in a future article.

As far as my personal philosophy about the program, I graduated in 1966 and, thus, am not that far removed from the traditional system of internship. After working with the students in this new program, I firmly believe this is a much needed step both in terms of what it means to pharmaceutical education as well as what it means to the profession.

LAMPA News . . .

The annual Convention Meeting of the Ladies Auxiliary of the Maryland Pharmaceutical Association was held on Monday, May 8, 1972 at the Washingtonian Motel and Country Club in Gaithersburg, Md. President Dora Rockman presided at the business meeting. Our Membership Treasurer, Sadie Wagner reported that our membership roll is growing and according to Treasurer, Dorothy Austin, our economic status is good.

At the time of our meeting, two of our members were in the hospital, Mary DiGristine and Bea Friedman. We are happy to report that both are recovering nicely. Three new members were accepted at this meeting: they are Mrs. Stuart Baltimore, Mrs. Herbert G. Loud and Mrs. Simon Zvares.

A bus trip to the Kennedy Center for the Performing Arts in Washington is scheduled for September 28. Details will be sent to LAMPA members.

The ladies had lunch with MPhA members attending the Convention and saw the presentation of the Robins Bowl of Hygeia for community service awarded to Morris Bookoff. Later, we heard a short address by Carl Roberts, Legal Counsel for the APhA. After lunch, LAMPA members saw the French documentary film, "A Wall In Jerusalem," which was narrated by Richard Burton. It held everyone's attention for 90 minutes!

-Ann Crane, Communications Secretary

AZOANS

The Azoans held their 40th Annual Donor Luncheon on April 19 at the Blue Crest North in Pikesville. A check was presented to the guest speaker, Jack Levin, for the Harry Greenstein Associated Memorial Fund. Dr. Greenstein was former executive director of the Associated fewish Charities.

The Azoans also make substantial contributions to the Maryland School for the Blind, the Ahavas Sholom Randallstown Synagogue Center School for exceptional children, and other groups. Mrs. Nathan Pelovitz is President of the Azoans.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association held a general membership meeting on June 14, 1972 at Hillendale, Maryland. The agenda included a resume of the responsibilities of the Pharmacist under the 1972 Pharmacy Laws, a report on the meeting with the Metropolitan Medical Council for Drug Abuse and 1972 objectives of the Association.

DID YOU HIRE A NEW PHARMACIST LATELY? ... OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL ORGANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

Seventh Annual Hospital Pharmacy Seminar Maryland Society of Hospital Pharmacists

June 9, 10, and 11, 1972



Upper left: Incoming President Normand A. Pelissier discussing program with speaker Charles Tregoe, Director, Division of Drug Control, State of Maryland Department of Health. Upper right: Out-going President Mary W. Connelly receives W. Arthur Purdum Award from Sydney L. Burgee, Jr. Lower left: Mary W. Connelly receives Geigy Achievement Award from Richard Crane, Geigy Laboratories. Lower right: Mary Connelly turns over gavel to incoming President Normand A. Pelissier.

Photos by Jerry Fine



Upper left: Dudley Demarest inspects computer printout as Winifred Sewell (seated) demonstrates capabilities of the National Library of Medicine's MEDLINE information service to Charlotte Sholleck. Upper right: APhA President Clifton J. Latiolais looks on as Raymond W. Morris (center) receives MSHP Student Achievement Award from MSHP President Normand A. Pelissier. Middle left: Seminar speakers included William H. Hotaling, Schenectady, New York, who presented banquet address; Paul E. Alpert, Esquire, Member of Maryland House of Delegates and newly appointed District Court Judge for Baltimore County; and George I. Freedman, Pharmacy Consultant, U.S. Dept. of HEW. Middle right: Entertainment at the banquet was provided by the "Pills Brothers" Paul McCulley, Wyeth Laboratories; Daryl Zellers, Johns Hopkins Hospital; Donald Cathey, Philips Roxane Laboratories; and Robert E. Snyder, Maryland General Hospital. Lower left: Seminar Committee and speakers (front row) Winifred Sewell, Coordinator, Drug Information Services, University of Maryland Health Sciences Library; out-going President Mary W. Connelly, Sister M. Gonzales, R.S.M., Director, Pharmacy and Central Supply Services, Mercy Hospital, Pittsburgh, Pennsylvania; (standing) Samuel Lichter, Seminar Program Chairman; Charles H. Tregoe, Director, Division of Drug Control, Maryland Department of Health; Normand A. Pelissier, incoming President; William H. Hotaling, banquet speaker; and F. Regis Kenna, Director of University of Chicago Hospitals and Clinics, Lower right: MSHP officers for 1972-1973 Harry Hamet, Treasurer; Normand A. Pelissier, President; Thomas E. Patrick, President Elect; and Vincent dePaul Burkhart, Secretary, Clarence Fortner was General Chairman for the Seminar.

Medical Assistance Eye Clinic Opened

A public optometric eye clinic for persons on Medical Assistance has been opened in the Eastern Health District Building, 620 N. Caroline Street. The new clinic is open Monday through Thursday from 9:00 A.M. to 3:30 P.M., and is a joint project of the Baltimore City Health Department and the Optometric Center of Maryland, a non-profit group dedicated to the improvement of the visual welfare of the community.

According to Dr. James D. Carr, Assistant Commissioner of Health for Local Health Services, the new clinic fills a longstanding need for many persons on Medical Assistance who lack eyeglasses or who have not had a recent eye check-up. The new clinic will permit a screening program to identify persons who require vision care as well as provide a complete optometric evaluation. Where necessary, referrals for medical problems will be made to the private physician, ophthalmologist or hospital as the situation warrants. Eyeglasses will also be provided by the clinic.

MPhA Public Relations



Photo by Paramount Photo Service

Charles E. Spigelmire (right), MPhA Public Relations chairman and host of the weekly radio program "Your Best Neighbor" with guest podiatrists Dr. Michael M. Sherman (left) and Dr. Marc Lenet.

MPhA Public Relations Chairman Charles E. Spigelmire, host of the weekly WCAO radio program "Your Best Neighbor," devoted his program of May 7, 1972 to the subject of Hospital Podiatry on the occasion of National Foot Health Week.

With him as guests were Dr. Michael M. Sherman, Past President of the Maryland Podiatry Association and consultant to the Maryland Department of Mental Health and Hygiene and Dr. Marc Lenet, Director of the Podiatry Clinic and the Podiatry Department of the Lutheran Hospital in Baltimore.

The discussion centered around many questions about Podiatry and pointed out that many Podiatry services are available on both an inpatient and outpatient basis at many hospitals and clinics throughout the State and as part of the Medicaid program.

A pamphlet describing foot health and care is available free of charge by writing to the MPhA office.

Inoculation Requirements For Children

Parents are being alerted to the new State Regulations that will require protective inoculations for children who enter preschool programs, kindergarten and first grade in the fall of this year.

The proposed regulations that are expected to become law by September, 1972 will require that children be protected against diphtheria, tetanus, whooping cough, polio, measles and rubella. Specifically, children will be required to have 4 doses of diphtheria and tetanus toxoid combined with whooping cough vaccine (DTP); 3 doses of polio vaccine; 1 dose of measles vaccine or proof of having had regular measles; and 1 dose of rubella vaccine for protection against German measles.

The Baltimore City Health Department urges parents of children who do not meet these proposed requirements to take steps now to see that their children receive the needed vaccines before school starts. Children can get the inoculations from the family physician or at one of the City Health Department's five inoculation clinics. The locations and clinic schedules are as follows. No appointment is necessary.

DRUID INOCULATION CLINIC, 1515 W. North Avenue, Every Monday, 12:30 P.M.

EASTERN INOCULATION CLINIC, 620 N. Caroline Street, First and Third Tuesdays, 11:30 A.M.

SOUTHEASTERN INOCULATION CLINIC, 3411 Bank Street, Every Friday, 12:00 Noon

SOUTHERN INOCULATION CLINIC, 1211 Wall Street, Every Monday, 12:00 Noon

WESTERN INOCULATION CLINIC, 700 W. Lombard Street, Every Monday, 12:30 P.M.

Parents who are not sure which shots their child has had may call the City Health Department's Immunization Office, telephone 752-2000, extension 403.

The City Department of Education, the Department of Catholic Education, the Department of Social Services, the Community Action Agency and the Model Cities Agency are all joining in this effort to alert parents to the new inoculation law for school children.

D. STUART OFFSET PRINTING WEBB PRINTING ADDRESSING ervices MAILING PERSONALIZED LETTERS 306 N. Gay St., Baltimore, Md. 21202 DUPLICATING ADVERTISING PICK-UP & NOVELTIES DELIVERY

The only thing worse than being ill, is being bored

The cold and flu weather is on its way.

And most people can put up with the sneezing and coughing.

But finding something to do during all those hours in bed, that's a real pain.

A person can only stand those game shows and soap operas for so long, before all they want to do is lay back with something good to read.

Maybe a sports magazine, a hobby book, a paperback novel or a news magazine.

What medicine does for their body, reading does for their mind.

And at Maryland News Company we're proud to be

your area's prime source of fine reading material.

We are constantly supplying your racks with the most current reading material to keep your customers reader interest at its highest.

The mathematics are quite simply: for an initial outlay of \$100 you can expect a return of \$127 within thirty days. And any unsold copies are returnable for full credit.

And when you have the very best reading material on sale in your pharmacy, people develop a habit of coming back.

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Maryland News Company



Drug House Announces New President



EARL McCutcheon,
President, The Drug House, Inc.

Earl T. McCutcheon was elected President of The Drug House, Inc., succeeding Arthur J. Pellegrino, who has resigned. The Company is a Philadelphia based wholesale drug operation with Divisions located in Harrisburg, Johnstown, Trenton (N.J.) and New Castle (Del.). Prior to his association with The Drug House, Inc., McCutcheon was General Manager of Philadelphia Wholesale Drug Co. and upon its merger into The Drug House, Inc. in 1968 he was appointed to the position of Director of Operations. A year later he became Vice President-Operations.

David C. Carter was elevated to Executive Vice President, a new position at The Drug House, Inc. He joined The Drug House, Inc. in 1956 as a Sales Trainee and has held positions as Salesman, Customer Relations Manager, Sales Manager and Vice President-Sales.

Both men have been elected to the Board of Directors of The Drug House, Inc. as well as to the Executive Committee.

George Carter Retires From The Drug House

George H. Carter, Vice President of Financial Services, retired from The Drug House, Inc., Philadelphia based, multi-division drug wholesaler.

Mr. Carter spent over 40 years in the wholesale drug business with McKesson & Robbins' Newark Division, Kaltman-Jersey City Division and The Drug House. He joined The Drug House, Inc. in 1961 as Field Sales Manager and was made Manager, Financial Services in 1963 and appointed Vice President of Financial Services in 1966. He also spent five years with the Purepac Company as General Sales Manager.

Sentry Drug Center No. 9 Opens

The ninth Sentry Drug Store was opened at the Newberry Shopping Center in Newberry, South Carolina, recently. There are plans for a tenth pharmacy.

The Grand Opening was the occasion for a centerwide promotion and advertising campaign, which included ribbon cutting ceremonies presided over by the Mayor of Newberry, the high school band and drill team. The Sentry franchise store is owned by James Ward, a local South Carolina pharmacist.

The Sentry Drug Center program is a contract system operated by Sentry Drug Centers, Inc., a wholly-owned subsidiary of The Henry B. Gilpin Company, based in Washington, D.C. The Sentry System provides opportunities for independent pharmacists to own and operate full-line drugstores in new shopping centers and provides comprehensive assistance in merchandising, mass purchasing, store management and financial control. Three Sentry Drug Centers are located in Maryland.

I.C. System Names Mednick Manager of the Year

Fred S. Mednick has been named 1971 Manager of the Year by I.C. System, Inc., the company which provides the Maryland Pharmaceutical Association endorsed collection service. Mednick is responsible for all the company's sales and service activity affecting Association members.

CLASSIFIED ADS

As a service to MPhA members, we offer a free classified ad service. Maximum number of words permitted under this free service is 25.

In replying to "blind" ads, address Ad No......, The Maryland Pharmacist, 650 W. Lombard St., Baltimore, Md. 21201.

Commercial classified ads (single issue insertion) will be carried at 15 cents a word, minimum charge per insertion, \$5.00. PAYMENT TO ACCOMPANY ORDER.

Closing date for copy—15th of preceding month.

No. 7207A

Male, age 30, registered in Ohio, Maryland and D.C. Desires position as pharmacist or manager in Maryland outside of Washington, D.C. or possibly Baltimore area. 40 to 44 hours per week.

No. 7207B

Male, age 56, registered in Maryland, Virginia and West Virginia. Desires position as pharmacist in Maryland, Virginia or West Virginia. Type of position: open. Hours: open.

High volume drug store for sale in Cocoa, Florida. Priced right for quick sale. Contact H. Lewitt, 702 Main Street,

Jacksonville, Florida. (904) 765-3531.



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Obituaries

Benjamin F. Klein

Benjamin F. Klein, 90, a 1902 graduate of the Maryland College of Pharmacy, died on June 19.

Herman F. Metz

Herman F. Metz, 88, German born pharmacist who practiced in Baltimore for 55 years, died on June 19.

Milton E. Zentz

Milton E. Zentz, 70, member of the Maryland Pharmaceutical Association, died on June 12. He was a founder of the Arex Club, of which he was President for two years, a Past President of the Big Boys of Baltimore, and a founder of the Beth Jacob Synagogue.

Christian F. W. Dammeyer

Christian F. W. Dammeyer, 83, former member of the Maryland Pharmaceutical Association, died on June 6. He was a graduate of the George Washington University School of Pharmacy.

George M. Brandt

George M. Brandt, 60, a Past President of the Delaware Pharmaceutical Association and a Past President of Colts Corral No. 1, died on June 17. Mr. Brandt was not a registered pharmacist but owned a pharmacy in Baltimore for the past three years.

In The News...

VICTOR H. MORGENROTH, JR., candidate for APhA Presidency and President of Voshell's Pharmacy in Baltimore, was honored recently for his outstanding achievements as a member of the Pfizer Pharmaceuticals Board of Consulting Pharmacists, an advisory group established by the Pfizer Laboratories Division of Pfizer, Inc. in 1965.

PHILIP C. BAER, University of Maryland, School of Pharmacy Class of 1901, is reported to be the oldest

AFFILIATED ORGANIZATIONS

Allegany-Garrett County Pharmaceutical Association

| PresidentJames | Ritchie |
|------------------------------|---------|
| Vice PresidentJohn H. | Balch |
| Secretary-TreasurerLinda McM | Iichael |

Baltimore Metropolitan Pharmaceutical Association

| PresidentJoseph U. Dorsch |
|---|
| President ElectPaul Freiman |
| Treasurer |
| Vice Presidents— Ronald A. Lubman, Melvin N. Rubin Henry G. Seidman |

Secretary and Executive Director— Nathan I. Gruz

Eastern Shore Pharmaceutical Society

| President | William P. Smith |
|-----------------------|------------------|
| First Vice President | William Connor |
| Second Vice President | James Edwards |
| Secretary | Samuel Morris |
| Treasurer | Thomas Payne |

Prince Georges-Montgomery County Pharmaceutical Association

| President | Edward D. N | ussbaum |
|------------------------|-------------------------|-----------|
| First Vice President | S. Ben F | 'riedman |
| Second Vice President | Henry W. T | heis, Jr. |
| Third Vice President | Edward S | . Sandel |
| Fourth Vice President. | $\ldots \ldots Gabriel$ | E. Katz |
| Secretary | Paul | Reznek |
| Treasurer | Michael | Leonard |
| Chmn., Exec. Committee | eeMarti | n Hauer |

Washington County Pharmaceutical Association

| President | .Samuel E. | Weisbecker |
|-----------------------|-------------|-------------|
| Vice President | Walter M. I | Damasiewicz |
| Secretary-Treasurer . | Frederi | ck Fahrnev |

University of Maryland School of Pharmacy Student APhA-MPhA Chapter

| PresidentPaul R. Wel | bster |
|----------------------------|-------|
| Vice PresidentStephen B. B | ierer |
| Secretary | Levin |
| Treasurer | eaver |

MPhA AUXILIARIES

LAMPA — Ladies Auxiliary of The Maryland Pharmaceutical Association

| President | Mrs. | Louis | M. R | ockman |
|---------------------|------|---------|--------|----------|
| Recording Secretary | Mi | ss Mai | ry Di | Gristine |
| Communications Sec. | .Mrs | s. Rich | ard R | . Crane |
| Treasurer | .Mrs | . Char | les S. | Austin |
| Membership Treas | Mrs. | Manue | el B. | Wagner |

TAMPA — Traveler's Auxiliary of The Maryland Pharmaceutical Association

| President | Paul J. Mahoney |
|---------------------------|--------------------|
| First Vice President | John C. Matheny |
| Second Vice President | Abrian E. Bloom |
| Third Vice President | C. Wilson Spilker |
| Secretary-Treasurer | William A. Pokorny |
| Asst. Secretary-Treas | William L. Nelson |
| Honorary President | Joseph Grubb |
| Secretary-Treas. Emeritus | |
| | |

OTHER PHARMACY ORGANIZATIONS

Maryland Society of Hospital Pharmacists

| President | Normand A. Pelissier |
|-----------|--------------------------|
| President | ElectThomas E. Patrick |
| Secretary | Vincent de Paul Burkhart |
| Treasurer | Harry Hamet |

University of Maryland School of Pharmacy

| | | | | . Kinnard, | |
|-------|------|------|--------|------------|------|
| Asst. | Dean | | Dr. C. | T. Ichniow | rski |

University of Maryland School of Pharmacy Alumni Association

| President | .Ronald A. Sanford |
|-----------------------|---------------------|
| First Vice President | . Charles H. Tregoe |
| Second Vice President | .Mary W. Connelly |
| Treasurer | |
| Executive Secretary | Dorothy L. Levi |
| Honorary President | |

Metropolitan Guild of Pharmacists

| President | | Frank Frary |
|------------|-------|---------------|
| Vice Press | ident | Robert Irby |
| Secretary | Lawre | ence Jacobson |
| | | |

living School of Pharmacy alumnus. He resides at 1114 Green Acre Rd. and is reported to be in good health.

In the April, 1972 issue of *Chain Store Age*, Editor David Q. Mahler turned over his editorial column to MELVIN N. RUBIN of Baltimore.

Mr. Rubin, who operates two pharmacies in the Baltimore area, was allowed to present his opinions on price posting because, as Editor Mahler explained, "his views and thoughts parallel those of many opposed to price posting."

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Mercurochrome displayed NOW will serve as a timely first-aid reminder to your customers.

Complete literature available on request.





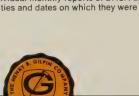
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Running a successful pharmacy takes a lot of effort and experience. That's where the Henry B. Gilpin Co. can help you. Our expert sales force can assist you in both merchandising programs and store operations. Within the Gilpin staff exists a depth of knowledge in all phases of store operations. We are prepared to provide assistance and service wherever pharmacy is practiced.

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- A comprehensive and up-to-date convalescent aids program. Professional assistance is available to design a program to meet your space and inventory requirements and train appropriate personnel in your store to make this a profitable
- A complete sundries program providing sundries departments and inventories designed specifically for your store, with a built-in provision for economical and reliable restocking of your shelves. Along with this, we maintain expanding stocks of new promotional sundries and programs for increasing traffic and sales.
- A professional planning and remodeling service within our organization which includes complete service in floor design, fixture and installation.
- Professional help in site selection, store development and in lease acquisition for desirable sites.
- Computerized inventory and billing systems. This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.



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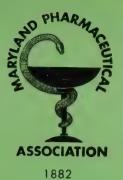
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- A financial service consultant to service you on request.
- Professional Services Department. A professional services department which provides you with vital assistance in the form of direct services and/or consultation in areas including: Medicare, Medicaid, third party payment programs, pharmaceutical inventory control, federal and state regulations, and many other areas.
- Two giant product shows each year: in January featuring summer goods; in July featuring selections of fall and gift merchandise and emphasizing promotional sundries.
- An Accounts Receivable program. A computerized system that knows pharmacists. The program handles your charge accounts and gives your customers a monthly statement showing all their deductible medical expenses, both for the current month and for the year to date. It also provides a monthly report on the aging of your accounts in the
- Professional advertising and promotional assistance.
 Our specialists in this area now provide on-going advertising and promotional programs for many of our customers and are available to assist you in this increasingly important area of your operation. With complete stocks and complete lines of merchandise provided with it, we are well qualified to provide the services required to nail down the profit dollars which you need and deserve from your business.

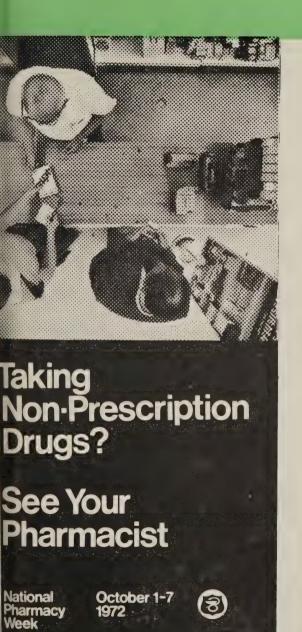
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the maryland pharmacist



National Pharmacy Week October 1–7 1972

MPhA House of Delegates

Fall Regional Meeting

October 19, 1972

Valley Country Club — Towson

Proceedings – 90th Annual Convention

Maryland Pharmaceutical Association

Program and Reports Pages 10-24

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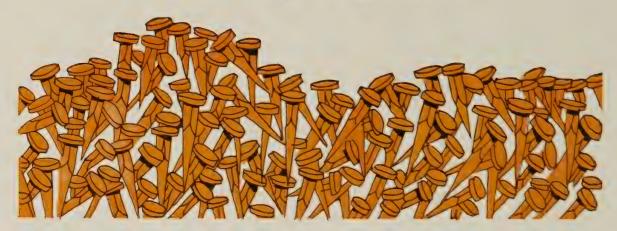
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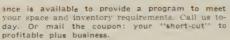


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Medicare and other insurance programs have made it possible for more people to buy and rent needed surgical supplies and convalescent aids. Gilpin makes it easy and PROFITABLE for you to maintain a comprehensive selection. Professional assist-

- An experienced, pharmacy oriented sales force trained to assist you in merchandising and store operations. In addition to their own experience, these men are prepared to immediately draw upon a wealth of experience in every phase of store operations which exist within the Gilpin company now.
- A comprehensive and up-to-date convalescent aids program. Professional assistance is available to design a program to meet your space and inventory requirements and train appropriate personnel in your store to make this a profitable department.
- A complete sundries program providing sundries departments and inventories designed specifically for your store, with a built-in provision for economical and reliable restocking of your shelves, Along with this, we maintain expanding stocks of new promotional sundries and programs for increasing traffic and sales.
- A professional planning and remodeling service within our organization which includes complete service in floor design, fixture and installation.
- Professional help in site selection, store development and in lease acquisition for desirable sites.
- Computerized inventory and billing systems. This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.



- A financial service consultant to service you on request.
- Professional Services Department. A professional services department which provides you with vital assistance in the form of direct services and/or consultation in areas including: Medicare, Medicaid, third party payment programs, pharmaceutical inventory control, federal and state regulations, and many other areas.
- Two giant product shows each year: in January featuring summer goods; in July featuring selections of fall and gift merchandise and emphasizing promotional sundries.
- An Accounts Receivable program. A computerized system that knows pharmacists. The program handles your charge accounts and gives your customers a monthly statement showing all their deductible medical expenses, both for the current month and for the year to date. It also provides a monthly report on the aging of your accounts in the
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The Maryland Pharmacist

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Change of address may be made by sending old address (as it appears on your journal) and new address with zip code number. Allow four weeks for changeover. APhA members—please include APhA number.

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Editorial . . .

SELF-REGULATION OF PHARMACY IN MARYLAND

Peer Review and Judicial Bodies Appointed

One of the hallmarks of a profession is the regulation of its members by their peers. In the past, most of this was accomplished in this state by the Maryland Board of Pharmacy.

The functions of a state board of pharmacy are to examine and license pharmacists, issue permits to operate pharmacies, control the sale of poisons, regulate the practice of pharmacy and discipline violators of the statutes and regulations governing pharmacy and related matters.

The Board and its members are sometimes criticized for not acting on certain matters that some pharmacists believe are within its jurisdiction. The Board is also cited for seemingly dilatory action or delays.

First, every pharmacist must realize that members of the Board are appointed as "Commissioners of Pharmacy" and take an oath as officers of the state. Their first responsibility is to their statutory charge in the protection of the public health and welfare.

The Board must act in a prudent and lawful manner. It must abide by the advice and counsel of its legal counsel, the Attorney General of the State of Maryland. In addition, it is not now directly responsible to the Governor, but only indirectly through the Secretary of Health and Mental Hygiene.

We do not believe that these facts constitute a problem in themselves. We would never suggest a course of action for the Board to take which is contrary to its obligations or in conflict with the public weal. Such attempts would sooner or later bring the Association and the Board in disrepute or legal jeopardy. Only proposals and actions in the public interest will long survive the legislature and the courts.

Sometimes we will, of course, differ with the Board or the legislature or the courts or public opinion. But in general only when ideas or actions meet the test of what is good for the general public will they endure. This is not to say that we should not move vigorously toward the goals which we think are required. We must be constructively critical when indicated. We must prod bureaucracy when necessary. But we must not take potshots in disregard of existing law, the public interest or of common sense itself.

To improve the self-regulation of the profession of pharmacy, MPhA has set in motion new machinery. First, we have appointed a Peer Review Committee to work in the area of third-party payment programs. Secondly, we have set up a Judicial Board to review grievances against pharmacists submitted by pharmacists, other health professionals, government agencies and consumers. The Judicial Board may also serve as the appeal body for the MPhA Peer Review Committee, for the Pharmaceutical



Pharmacy Stamp Design Unveiled

The design of the 8-cent Pharmacy stamp was unveiled in a ceremony in the lobby of the Detroit post office. The horizontal stamp is a still life by Ken Davies, of Madison, Connecticut. Dominating the design are the Bowl of Hygeia and the mortar and pestle. Also in the design are two 19th century bottles.

The multi-colored stamp will be printed in light and dark tan, reddish brown, blue, and black with yellow lettering across the top and bottom with the "8c" in orange.

The unveiling coincided with the dedication by the Michigan Pharmaceutical Association of its new Detroit office. Assisting in the ceremony were Clifton J. Latiolais, APhA President, and Thomas D. Rowe, Michigan Pharmaceutical Association President.

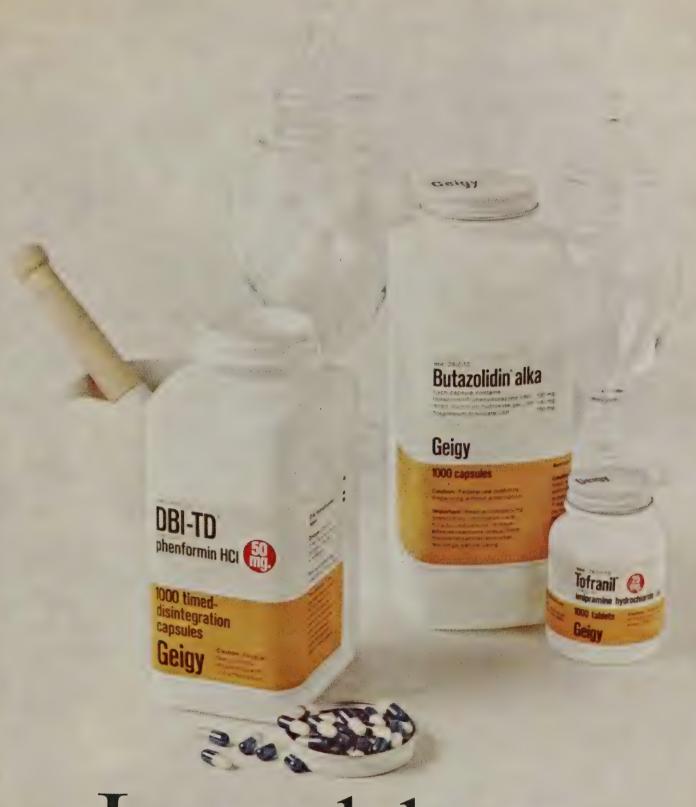
First day cancellation ceremonies will be held on November 10 in Cincinnati, Ohio in conjunction with a Special Meeting of the American Pharmaceutical Association House of Delegates. The issuance of the pharmacy stamp this year coincides with the 120th anniversary of APhA.

Pharmacists who would like to obtain first-day-cover souvenirs or first-day cancellation envelopes may contact the MPhA office for information.

Services Foundation and for the other pharmaceutical societies in the state.

As the machinery of self-regulation develops into an operational system, we hope that most issues and problems can be adjudicated by a voluntary mechanism without recourse to disciplinary action by any state agency.

-Nathan I. Gruz



Legend drugs in their own time

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of July:

New Pharmacies

Peoples Service Drug Store, Inc. No. 159, W. E. Pannill, President, Landover Mall, Landover, Maryland 20785.

No Longer Operating As Pharmacies

Community Drugs, Arthur H. Wear, P.O. Box 38, Charlotte Hall, Maryland 20622.

Metro Drug No. 2, Leo Goldfeder, President, U.S.

301, La Plata, Maryland 20646.

Metro Drug No. 11, Leo Goldfeder, President, Route 301, Waldorf, Maryland 20601.

Changes of Ownership, Address

Lindy's Drug Store, Morris Lindenbaum (Change of address), 9 Main Street, Reisterstown, Maryland 21136.

Loch Ridge Pharmacy, Inc., Sanford L. Rosenbloom, President (Change of ownership), 1702 Joan Avenue,

Baltimore, Maryland 21234.

Howard & Morris Pharmacists. Levindale, Morris Bookoff, President (Change of ownership and name), Greenspring and Belvedere Avenue, Baltimore, Maryland 21215.

Read's Inc., Arthur K. Solomon, President, 5132 Park Heights Avenue, Baltimore Maryland 21215 is still opened for business.

Registrations Granted

The Maryland Board of Pharmacy met at the office of the Secretary, 610 North Howard Street, Baltimore, on Wednesday, July 19, 1972 to canvass the grades made in the examinations conducted by the Board on June 12 and 13, 1972. Registration was granted to:

Prabhap Anavil Gerald Elliot Beachy Allen Jerome Bennett Stephen Bernard Bierer Geoffrey J. C. Boyd Brenda M. Brandon Larry J. Brendle Thomas Stephen Brenner Deborah G. Carroll Philip Chaikin Linda Susan Craig Danya M. Dabbah Barbara Elizabeth Dorsch Donna Ann Finifter Andrew Glorioso James Michael Hill Dode Allen Hoskins Michael Edwin Jones Elliot I. Kahn Larry Daniel Kelley Charles Weedon Kelly

Harriette A. Lee Yung-Mei Lee William F. Lewis Joseph Libercci Stephen David Lindenbaum Larry Lowenthal Francis R. McGinity, Jr. Mildred Marie Miles Raymond Walter Morris Charles R. Mund Bui Tuong Anh Nguyen John Joseph Novak Joseph Edward Poklis Dennis Robert Reaver Anthony Ernest Rogalski Dennis M. Rosenbloom Tyler P. Ruddie Larry E. Small David Benjamin Snyder John Vakoutis Donald L. Whipps

Having previously passed the theoretical examination, and by virtue of having passed the practical examination, at this time, registration was granted to:

David Alan Dunn James Haddon Hanes Alfred P. Jenkins Margaret Karsch

James Lee McGuinness Frank J. Soldano Leon VandenBerg Thomas Zsilavec

The following passed the theoretical examination, but registration is withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy:

Barbara Cornelia Barron John J. Donovan, Jr. Francine Anne Drimer Joseph Larry Fine James M. Gass Randall Hromika Julia L. Kerchner Georgette A. Khalil Marjorie L. Klein Thomas Kulish, Jr.
Mary Louise McElwee
Regenia Monday Phillips
Harley G. Sanders
John M. Singer
Sarah Jane Singer
Zinaida Szafer
Barbara H. Vanden Berg

APhA Opposes Restriction of Distribution of Methadone

APhA is opposing a proposed Food and Drug Administration restriction of distribution of the drug methadone. APhA declared that the plan would discriminate against community pharmacists.

APhA's primary disagreement with the proposed regulations concerns the proposal that methadone continue to have New Drug Application approval for analgesic use, but that distribution of the drug for this purpose for both hospitalized and non-hospitalized patients is to be limited to hospital pharmacies. Such restrictions are not authorized by the Federal Food, Drug, and Cosmetic Act, other than for therapeutic claims subject to IND approval and, in fact, such restrictions run directly counter to the provisions of the Controlled Substances Act.

APhA urges that the proposed regulations be modified as necessary to insure that no illegal restrictions are created or, alternatively, that NDA approval for the use of methadone other than in addict treatment be terminated.

DID YOU HIRE A NEW PHARMACIST LATELY? ... OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL ORGANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

Kerpelman and Quarles Appointed to State Board

I. Earl Kerpelman of Salisbury and Ralph T. Quarles, Sr., of Baltimore were appointed by Governor Mandel to vacancies on the Maryland Board of Pharmacy.

Mr. Kerpelman, proprietor of Salisbury Drugs, was appointed to a five-year term replacing Howard L. Gordy of Salisbury. He was President of the Maryland Pharmaceutical Association for 1969-70.

Mr. Kerpelman was raised in Baltimore and graduated from the Baltimore Polytechnic Institute, the University of Maryland School of Pharmacy receiving his Ph.G. in 1929. He subsequently received an LL.B. from Blackstone School of Law in Chicago.

Long active in pharmaceutical association affairs. Earl Kerpelman was greatly responsible for reactivating the Eastern Shore Pharmaceutical Society. He was instrumental in drafting its By-Laws and served as its second President. The Society specified membership in the MPhA as a prerequisite for membership in the area group.

In the MPhA Mr. Kerpelman served as Chairman of the Simon Solomon Pharmacy Economics Seminar Committee and Chairman of the 1969 Convention. He served on the Executive Committee from 1963 until 1970 representing District I (Eastern Shore). He was elected a Vice President in 1966 and 1967 and elevated to President-elect in 1968. His memberships include the American Pharmaceutical Association and the National Association of Retail Druggists.

Mr. Kerpelman's dedication to public and community service is indicated by the following record: Member, City of Salisbury Zoning Board of Appeals; Member, City of Salisbury City Manager Study Commission; Permanent Chairman, Exchange Club Medic-Alert Committee; Past President, Salisbury Exchange Club; Past Secretary, Maryland District of Columbia Exchange Clubs; Past President, Eastern Shore Pharmaceutical Society; Past President, B'Nai Brith, Elmarva Lodge; Charter Member, Kena Shrine Temple, Alexandria, Virginia; Jaycees Boss of the Year, 1962.

Mr. Kerpelman is married and is a member of the Board of Governors, Beth Israel Congregation. He was selected by MPhA for the Bowl of Hygeia Award for Community Service in 1970.

Ralph T. Quarles, Sr., was appointed for two years to complete the balance of the term of the late Frank Balassone. He is a partner with Willard Bulger in the Q and B Pharmacy which they opened in 1970.

He was born in Baltimore and graduated from Frederick Douglass High School in 1950. He received a scholarship to Howard University, Washington, D.C., graduating in 1954.

Mr. Quarles worked at Robinson's Drug Store until entering the Army in 1956. He received commendation for improving the formulary and upgrading pharmacy services at Ft. McClellan, Alabama. He returned to Robinson's and was employed there until opening his own pharmacy.

Mr. Quarles has entered enthusiastically into activities of pharmaceutical organizations and has gained rapid recognition. He was elected to the Executive Committee of the Baltimore Metropolitan Pharmaceutical Associa-

tion and is a founding member of the Pharmaceutical Services Foundation of Maryland (PSF). He is on the Board of Trustees of PSF and serves as its secretary.

Married and the father of three children, he attends Forest Park Presbyterian Church and is active in the choir, Deacon Board, Trustee Board and serves as Superintendent of Sunday School.

PHARMACY CALENDAR

- October 12 (Thursday)—Maryland Society of Hospital Pharmacists meeting at U.S.P.H.S. Hospital, Baltimore.
- October 19 (Thursday)—Maryland Pharmaceutical Association House of Delegates and Fall Regional Meeting, Valley Country Club, 1512 Jefferson Road, Towson, Maryland.
- October 22-25—Maryland Pharmaceutical Association Fall Regional Convention Round-Up, Las Vegas, Nevada.
- October 26 (Thursday) PHARMPAC Legislative Reception, Blue Crest North, Pikesville, Maryland.
- December 3-7—American Society of Hospital Pharmacists Midyear Clinical Meeting, Las Vegas, Nevada.

Continuing Pharmaceutical Education University of Maryland School of Pharmacy 1972-73

REGISTRATION APPLICATION A

Continuing Education Programs

University of Maryland School of Pharmacy

| 1. | SELECTED | TOPICS | IN | COMMUNITY |
|----|----------|--------|----|-----------|
| | PHARMAC | Y MANA | GE | MENT |

October 8, 1972, Cumberland, Md. Fee \$10.00.....

2. ANTIBIOTICS & CHEMOTHERAPY IN (CLINICAL/PHARMACY) PRACTICE

Wednesday Evenings, Oct. 11 — Nov. 29, 1972 Fee \$45.00

3. YOUR PRACTICE AND HMO'S—PHARMACY'S FUTURE IS NOW

November 12, 1972, College Park, Md. Fee \$10.00.....

Address

Phone #..... Affiliation....

Please enclose check with this registration form. Checks should be made payable to the University of Maryland.

Proceedings

Maryland Pharmaceutical Association

90th Annual Convention

Washingtonian Motel and Country Club Gaithersburg, Maryland

May 7-8-9, 1972

First Session

2:00 p.m. Country Squire Room

The session was called to order by President Nathan Schwartz who announced that the afternoon was scheduled as the 8th Simon Solomon Pharmacy Management

8th Simon Solomon Seminar

Vice President John R. McHugh, Moderator

"The Future Role of the Pharmacist"

Pharmacy Manpower-Now and Projected Dr. Christopher A. Rodowskas, Jr., Associate Professor

- (on leave) Ohio State University; Director, Pharmacy Manpower Information Project, American Association Colleges of Pharmacy.
- Dr. David A. Knapp, Associate Professor of Pharmacy Administration, University of Maryland School of Pharmacy.

Following an extensive discussion period the session adjourned at 4:30 p.m.

A hospitality room was hosted throughout the Convention by the Prince Georges-Montgomery County Pharmaceutical Association.

A gala welcome cocktail party was sponsored by the Prince Georges-Montgomery County Pharmaceutical Association. Principal co-sponsors were Peoples Drug Stores, Washington Wholesale Drug Exchange and Paramount Photo Service. Also participating were American Greetings Corporation, Arcum Pharmaceutical Corporation, S. Allan Duff Store Interiors and Equipment, Giant Pharmacies, and Harry Shallenberger, Inc.

The Annual Banquet followed with Richard I. Parker as Toastmaster. Charles E. Spigelmire, the Grandmarshal, delivered the Invocation.

Following greetings from Nathan Schwartz, outgoing President, a plaque was presented to H. Nelson Warfield, the outgoing Honorary President. The incoming officers for 1972-73 were installed, and Nathan Schwartz was presented the Past President's award.

The new officers for LAMPA, the ladies' auxiliary were then introduced; and the officers of TAMPA, recognized.

A new highlight of the evening was the installation of the officers of the Prince Georges-Montgomery County Pharmaceutical Association.

After the Benediction, prizes were drawn, and the evening continued with dancing.

Monday, May 8 Second Session

The Second Session was called to order at 9:30 a.m. by President Schwartz. He recognized the attendance of Honorary Life Trustee Simon Solomon and Past President Victor H. Morgenroth, Jr., a nominee for the Presidency of the APhA.

Mr. James P. Gleason, County Executive of Montgomery County, visited before the opening of the session and left the following message:

"On behalf of the citizens of Montgomery County, it is a great pleasure to welcome the Maryland Pharmaceutical Association to our County. We are delighted that you chose Montgomery County as the site of your con-

"I should also like to take this opportunity to thank the delegates for their year-round dedication to their profession and their contribution to the health and welfare of the communities they serve.

"I trust that your convention will be profitable and productive, and that meeting in Montgomery County will have added to the success of your assembly. My best personal wishes to each delegate." (signed)

The Executive Director then read the following message from Dr. William S. Apple, Executive Director of the American Pharmaceutical Association:

"You and your fellow MPA officials have devoted much time and effort to assure the success of the forthcoming meeting of the Maryland Pharmaceutical Association. Through these efforts you are striving to insure that this year's meeting will not be just another page in the 89-year history of your Association, but will serve as a significant milestone in the development of the profession of pharmacy in the state of Maryland. We share your desire for a productive meeting and extend to you our best wishes for success in all you undertake to accomplish at the convention and in the year ahead.

"The pharmacists of America expect their dues dollars to be used for maximum benefit at all levels of organized pharmacy. We at APhA are seeking to fulfill this expectation as you are in Maryland. Definitive action is called for without further delay to strengthen pharmacy's organizational structure.

"Your forthcoming annual convention affords an opportunity for the pharmacists of your state to indicate where they stand on this issue through the consideration of appropriate resolutions or policy statements. We will appreciate being kept advised of any action which your Association takes on this and other important issues confronting the profession.

"Again, on behalf of the officers, trustees and staff of the American Pharmaceutical Association, I extend you our best wishes for a successful annual meeting.' (signed)

President Schwartz then commented that one of the paramount issues at the 1972 APhA Convention was that of need for unity in pharmacy. He said that many of the groups in APhA were dedicating themselves this year to attempt to unite pharmacy into one organization, even if, as one leader said, it means the doing away with APhA

10

as it is known today. He urged that at the Convention MPhA consider a resolution to be sent to NARD (National Association of Retail Druggists) urging them to meet at the earliest possible moment with delegates of the APhA and other representative groups in pharmacy. The purpose would be to come up with some form of united organization to speak for pharmacy on national issues.

President Schwartz then called upon the Convention Chairman and incoming President Bernard B. Lachman. He extended greetings and reviewed the events of the preceding day. He commented on the excellent program of the Simon Solomon Pharmacy Management Seminar and the most enjoyable banquet, cocktail party and dance. Chairman Lachman expressed his appreciation to the Prince Georges-Montgomery County Pharmaceutical Association for their contributions to the success of the Convention. He also thanked the sustaining members, the wholesalers, suppliers and TAMPA and LAMPA for their assistance which was so important. He then announced the agenda and events for the remainder of the Convention.

Chairman Lachman then called upon outgoing President Nathan Schwartz for the President's report.

Following the delivery of the report, Morris R. Yaffe, member of the Board of Pharmacy, took issue with Mr. Schwartz regarding some remarks critical of the Board's actions. After considerable discussion in which Mr. Freiman reviewed the action of the Board of Pharmacy in opposing the MPhA-supported "Drug Product Selection Bill," Mr. Schwartz refused to recognize a motion by Mr. Yaffe, seconded by Mr. Block to strike out the remarks about the Board of Pharmacy. Mr. Schwartz then stated that he would review the remarks and make changes which he deemed might be called for. Mr. Simon moved for acceptance of the President's report with corrections by the President. Seconded and passed. The report is published in this issue.

On motion of Mr. Seidman, seconded by Mr. Hauer, the report of the Executive Director was accepted.

Frank Block, Secretary of the Maryland Board of Pharmacy, was then called to deliver the report of the Board which was not complete. When received the complete report for 1971-72 will be published in "The Maryland Pharmacist."

MEMORIAL SERVICE

James W. Truitt, Jr., began the service with the reading of the 23rd Psalm. Frank Block followed with the Necrology.

Solon L. Anderson Henry J. August, Sr. Francis S. Balassone Bertha Budacz Nathan L. Cheslow Bessie O. Cole Hermann Dietel, Jr. Grant Downs, Jr. Wilfred H. Gluckstern Elvin E. Gottdiener Jacob H. Greenfeld Harry L. Hoffman Sidney Hollander Hugh H. Karns Israel A. Levin Harry C. Lewis

Edward A. Markin Manuel Miller Irving M. Morris Raymond M. Morstein John F. Neutze David Newman Victor E. Pass Bernard A. Pettit Raymond S. Porterfield Samuel A. Romanoff Paul J. Snyder Larry Solomon Samuel Solomon John A. Strevig Harry Weinberg Kermit D. White

Samuel O. Weisbecker then offered the memorial

Paul Freiman, Chairman of the Legislative Committee then presented his report which is published in this issue. Following a discussion period, Norman J. Levin, President of the Maryland Board of Pharmacy, requested the floor to respond to Mr. Freiman's criticism of the actions of the Board in opposing H.B. 573. Mr. Levin gave the reasons in detail for the Board's opposition and urged MPhA to request a gubernatorial veto.

The session recessed at 12 noon.

12 Noon Luncheon—MPhA-TAMPA-LAMPA— Potomac Room

The Bowl of Hygeia Award for Community Service was awarded to Morris Bookoff who was selected by MPhA for his contributions to the community as a citizen and as a pharmacist who seeks to advance the profession for the benefit of better health care. The Award is sponsored by the A. H. Robins Company.

Carl Roberts, Director of the Legal Division of the APhA, then delivered a comprehensive and informative report on national legislation of concern to pharmacy.

Third Session

2 p.m. Country Squire Room

12th Robert L. Swain Pharmacy Seminar "Drug Interactions Workshop"

Co-Sponsored by the American Pharmaceutical Association Academy of General Practice of Pharmacy.

Moderator: Donald O. Fedder, Chairman, MPhA Board of Trustees and President elect APhA Academy of General Practice.

Conducted by Dr. Richard P. Penna, Executive Secretary and Ronald L. Williams, Assistant Executive Secretary, APhA Academy of General Practice.

2 p.m. LAMPA Program—State Room

Documentary film, "A Wall in Jerusalem," 90-minutes. Written by Frederick Rosif, narrated by Richard Burton.

The Annual Business Meeting and election of officers was also conducted.

7 p.m. Special Buffet Dinner

Presidential Cocktail Party — Courtesy of Youngs Drug Products Corporation.

The Spring Garden Stage Band of Pennsylvania Floor Show: "Great Bands of the 40's and 50's". Dancing.

RECONVENED SESSIONS

May 17-22, 1972 Pierre Marques y Club de Golf Acapulco, Mexico

Reconvened sessions were held with continuing education seminars. Featured was "Pharmacy and Therapeutics in Pediatrics" presented by Antonio M. Rivera, M.D.

Also included were "Advertising Policies and Methods" by Burt Kline, Editor, "The Jewish Times" and "Ensuring Security in Pharmacies," film and lecture by Robert Kabik.

Minutes

House of Delegates

Washingtonian Motel and Country Club

May 9, 1972

The meeting was called to order at 9:30 a.m. by outgoing President Nathan Schwartz.

The following telegram was read by Morris Bookoff from Willard Simmons, Executive Director of the NARD extending best wishes to the MPhA on the occasion of its Annual Convention:

"We extend best wishes to your officers and members for a successful Convention and assure you of your continued cooperation with your Association. Our mutual interests involve a number of legislative, professional and economic issues and objectives. The role of retail pharmacists in present and proposed health insurance programs must provide adequate compensation under these programs. We are looking forward to your continued cooperation in developing constructive legislative and educational programs concerning pharmacy participation in public health and welfare reports. We can achieve many objectives by exerting unity of purpose. We hope that many Maryland pharmacists will be with us when our 74th annual Convention convenes in Chicago, October 1-5, 1972." (signed)

A motion was made by Mr. Lindeman, seconded by Mr. Burgee and passed, to waive the scheduled order of business.

Reports

1. University of Maryland School of Pharmacy—Dr. William J. Kinnard, Jr., Dean, reported statistics on the enrollment during 1971-72, providing comparative figures with the preceding year. He announced plans to move into the Allied Health Sciences Building during the summer. Seven new fulltime faculty are being recruited. Current faculty has reached 39 fulltime and 60 parttime. The Maryland Poison information Center has been transferred to the School and is one of six in the United States tied into the FDA computer bank. A research grant has been obtained from the Regional Medical Program.

Several problems in pharmacy were pointed out including the lack of a nationwide commission to study these problems, lack of mandatory continuing education, inadequate system for selection of Board of Pharmacy Commissioners, the need for improvement of practice guidelines, inadequate pharmacy standards in nursing homes and the lack of capability for suspending licenses without criminal conviction. Recommendations: A new pharmacy practice act in the state legislature using a tripartite committee to lay groundwork for a study commission.

2. Treasurer's Report — Executive Director Gruz presented the Treasurer's report and distributed copies of the 1971 balance sheet. There was substantial improvement of the financial position with a balanced budget noted after several years of deficits. Assistance from the Baltimore Metropolitan Pharmaceutical Association and

the University of Maryland School of Pharmacy Alumni Association in helping to settle the Swain Model Pharmacy account was acknowledged. Mr. Freiman moved for acceptance of the Treasurer's report, seconded and passed.

- 3. Finance Committee—Chairman John R. McHugh reported the approval of the proposed budget for 1972. Indicated that dues have increased because of the dues increase in the owner-manager category and the rebates from APhA for new members. APhA has announced an increase in dues next year from \$35 to \$50. Settlement was made for \$5,000 for the outstanding debt of \$17,000 for the Swain Model Pharmacy.
- 4. Membership Committee—Chairman Melvin Rubin reported a total membership this year at the end of April of 528 compared with 524 at the same time last year. Membership recruitment has been centered on the owner-manager category. Recommendations: Establishment of a mailing list of nonmember pharmacies which would receive periodic mailings regarding the work of MPhA. Price differential be established for members and nonmembers for Dreypaks, public health information literature, third-party payment programs. Obtain the services of an individual who could devote full time to membership recruitment. Membership figures as of December 31, 1971—851 as compared with 813 at that time in 1970.
- 5. Third-Party Payment Programs—Chairman Morris Bookoff reported the establishment of the Pharmaceutical Services Foundation of Maryland (PSF), a nonprofit pharmacy foundation, following the guidelines of the NPIC. The members of the Board of Trustees were announced. Briefly reviewed efforts with several third-party groups and described potential effectiveness of the Foundation. A discussion of the PSF and of health maintenance organizations (HMO's) followed.

Address of The Speaker

Speaker Sydney L. Burgee, Jr., extended appreciation to Henry G. Seidman who served as Parlimentarian and chaired the committee which created the By-Laws for the House of Delegates. The Secretary of the House, Nathan I. Gruz, read the roll call of delegates.

Melvin Sollod, Chairman of the Nominating Committee for the selection of the Speaker and Vice Speaker for 1972-73, reported the following nominations: Speaker—Melvin N. Rubin; Vice Speaker—S. Ben Friedman. Paul Freiman moved that the report be accepted. Duly seconded and passed.

Duties of the office were read by Mr. Burgee. Nominations from the floor for Speaker: S. Ben Friedman nominated Henry G. Seidman; seconded. Mr. Seidman declined. Robert Kabik nominated Alder Simon; seconded. Mr. Seidman then withdrew his declination. Mr. Rubin withdrew in favor of Mr. Seidman.

Old Business

1. Vacancy on the Maryland State Comprehensive Health Planning Agency—It was decided that the Agen-

- cy would be contacted regarding the appointment of a pharmacist.
- 2. Minutes—The minutes of the meeting of April 13, 1972, were approved as read.
- 3. Board of Pharmacy Nominations—Mr. Schwartz reported on recommendations for appointments to the Board of Pharmacy:
- (1) For the vacancy of Howard Gordy for a five-year term beginning in 1972: Retain the list of Messrs. Kerpelman, Truitt and Lindeman previously submitted to the Governor and approved by the House of Delegates.
- (2) For the vacancy of F. S. Balassone (two years): Mrs. Ichniowski and Messrs. Quarles and Scott.
- (3) For the term of Norman J. Levin in 1973 for five years: Messrs. Tregoe, Schwartz and Bergeron.

On motion of Melvin Sollod the report was accepted. Recommendation No. (1) was again endorsed. Recommendation No. (2) was approved on motion of Mr. Freiman, seconded by Mr. Schwartz.

Mr. Spigelmire then moved that the name of Bernard B. Lachman be added to list in recommendation No. (3). Seconded by Mr. Freiman. Mr. Schwartz then declined his nomination. The following list was then approved: Messrs. Tregoe, Lachman and Bergeron.

4. The minutes of the House of Delegates will be mailed to the delegates.

New Business

1. Mr. Freiman stated that in line with Dean Kinnard's recommendation he wished to present the following resolution:

That a Tripartite Committee made up of representatives of the University of Maryland School of Pharmacy. the Maryland Board of Pharmacy and the Maryland Pharmaceutical Association be established to consider pertinent problems in pharmacy, particularly to develop a new Pharmacy Act for submission to the legislature. Seconded and passed.

Dean Kinnard agreed with the provisions of the motion and suggested that the Tripartite Committee should be a "Planning Committee" that would set up a "Commission" representing various facets of pharmacy to review the present pharmacy law and make recommendations.

- 2. Election of officers: Mr. Seidman reported that a constitutional amendment will be prepared to overcome the technical conflict between the existing By-Laws of the Association and the House of Delegates.
- 3. Mr. Schwartz reported that the Board of Trustees recommended a new mail ballot in a case where the election result was unclear because of improperly marked ballots. Mr. Hospodavis moved to accept the report of the Board of Trustees. Seconded. Motion was made by Mr. Sollod to allow all dues-paid members as of the date of the mailing voting eligibility to vote in the mail ballot election.
- 4. Organizational unity. Mr. Dorsch presented the following resolution:
- WHEREAS, in the past, pharmacy has not been recognized as a unified profession.
- WHEREAS, in the past, whenever there was national legislation in which pharmacy was concerned, our voice was split.

- WHEREAS, it is the belief of many pharmacists and pharmaceutical associations, that our profession must have a unified voice to progress.
- WHEREAS, most pharmacists are members in both or all three national associations, whereever a vote is cast in Washington, it is usually, our membership dues voting against our membership dues, therefore.
- BE IT RESOLVED, that all pharmacists interested in said unification, notify their respective national associations to the effect that, as members of their associations. they wish to voice their desire that steps be initiated immediately to establish one national organization, to give pharmacy one national voice, both professionally and legislatively.

Mr. Lindeman moved that the resolution be referred to a committee for further study. Seconded and passed.

Executive Director Gruz then spoke of the importance of the Association taking a position on this critical issue at this time and read the following resolution to be considered as an expression of Association policy:

RESOLVED. that the Maryland Pharmaceutical Association endorse the goal of organizational unity in pharmacy on all levels—local, state and national—and request that all pharmacy organizations be urged to cooperate with efforts to achieve this goal.

On motion of Mr. Freiman/Schwartz this resolution was passed. It was then referred to a Reference Committee which is to be appointed.

- 5. Mr. Seidman read proposed clarification and amendments to the By-Laws. "Good and Welfare" will be inserted as item No. 11 in the order of business. Revised By-Laws will be mailed to each member of the House of Delegates with a roster of names and addresses of the members of the House. Amendments will include specifications for a Committee on Nominations for officers of the Board of Trustees and Speaker and Vice Speaker of the House superceding the MPhA By-Laws. The procedure of nominations from the floor and the balloting procedure will be considered in further detail by the By-Laws Committee.
- 6. Mr. Schwartz moved that nominations be reopened for Vice-Speaker. Seconded and passed. Mr. Schwartz/Seidman nominated Melvin N. Rubin as Vice Speaker. Mr. Rubin declined. Mr. S. Ben Friedman was then unanimously elected Vice Speaker.

Mr. Hauer recommended that the Vice Speaker be added to the Board of Trustees.

7. The reports of the Public Relations and Professional Relations Committees were received for publication.

Following announcements the 90th Annual Meeting was adjourned at 12 noon.

2 P.M. LUNCHEON PROGRAM

Bernard B. Lachman, 1972-73 President, presiding.

Address: Dr. T. Donald Rucker, Chief, Drug Studies Branch, Division of Health Insurance Studies, Office of Research and Statistics, U. S. Social Security Administration, Washington.

"Critical Problems of Pharmacy Services in Government Health Programs"

A question-and-answer period was conducted.

Convention Reports . . .

Report of President, Nathan Schwartz

A year has passed since I was installed as President of the Maryland Pharmaceutical Association, and it seems hard to believe. I took over an organization which had reversed the trend of the previous five years and had accomplished the necessary restructuring to make MPhA stronger and more completely united on a national, state and local level.

One gnawing factor remained, and that was the continued failure of income to meet expenses with the resultant drain on our contingency fund which was truly at a critical level. To this matter my attention was drawn. It's pretty sad when we have to think twice about sending a mailing to our membership, about having extra help, air-conditioned rooms or not having the money to put into the areas of legislation or public relations. I am of the opinion that if we were a solvent organization with adequate funds at our disposal, we would be a greater force to be reckoned with by all facets of government.

And, speaking of government—let it be known that they are our "enemy". Not physicians, not educators, not people, not other pharmacists, not chain stores, not combined food markets and chains, but the government. O.E.O., HMO's, consumer advocates, Medicare, Medicaid—all are intent on destroying the present pharmacy concept, replacing it with a scheme which at best would relegate pharmacy to a room somewhere near the laundry or boiler room and at worst would replace registered pharmacists with poorly-trained technicians.

Back to the subject of finances, this past year revealed that we finally made some money and were able to meet operating expenses, increasing the salary of our Executive Director and paying off some outstanding debts. The greatest source of embarrassment for me as a Board member was to sit in committee year after year and continue to pass the buck to others relative to the Swain Pharmacy built at the University of Maryland School of Pharmacy. "A" blamed "B"; "B" blamed "C" and on down the line. Everyone placed blame, but no one seemed to realize that blame notwithstanding the debt, running into the five-figure thousands, was there. It would not go away and would have to be paid off. Dean William J. Kinnard, University of Maryland School of Pharmacy, and a committee chaired by John R. McHugh, in session with the H. B. Gilpin Company, the debtee, hammered out a settlement which was more than fair, and the debt was paid off. The pharmacy has now come out from behind that cloud, and I would like to thank those county pharmacy groups whose contribution helped make this possible.

During the past year a concentrated effort was made to increase membership enrollment, and Melvin N. Rubin as Chairman of the Membership Committee was innovative, conscientious and tenacious with positive results. His acute evaluation of the problem and his recommendation of a long-overdue dues increase was adopted by the Board and put into effect on January 1, 1972.

In the public health information field our Chairman, Paul Freiman, headed the extremely successful V.D. campaign, which with the valuable assistance of the

Youngs Drug Products Corporation awakened the state to the newest epidemic and resulted in television, radio and newspaper coverage, shedding favorable light on our Association.

Third-party systems. Governmental, union and third-party nonprofit programs consumed a great deal of our thought and time. Morris Bookoff proved that the faith I had in him as Chairman of the Prescription Insurance Plans Committee was justified, and his diligent efforts led to the activation and formation of the Pharmaceutical Services Foundation of Maryland, giving the pharmacists of the state a corporation which can go out and compete in the third-party nonprofit field. This Committee is active, has obtained an agreement with Esskay and is negotiating with several other groups. The MPhA has consented to use its office and work force to process the Rx's submitted by the members of the Foundation.

The sustaining membership idea—an excellent one proposed some years ago which was far from a success—was worked on this year by Stan Yaffe, and I am pleased to report that we were successful in obtaining such memberships from all our local drug wholesalers for the first time with repeat commitments for the present year. This program is in dire need of refinement and guidelines, and I charge my successor to place some heavy emphasis on this area.

Two problems served to thin out the sparse crop on your President's head and to add gray hair to his chest—legislative problems and the Board of Pharmacy problem brought on by the sudden and tragic demise of Francis S. Balassone, the former Secretary of the Board.

Concerning the legislative area, Paul Freiman, a rookie Chairman, really fell into a hornet's nest. Fourteen or more bills were introduced having a direct bearing on pharmacy. In addition a dozen more affected us indirectly and required our input. This organization owes the highest accolades it can bestow to this gentleman for the efforts, energy and time which he expended during the legislative session. The results achieved prove that he fought successfully. I could list the accomplishments. Because I feel those honors should be his, I will allow him to produce the details in his report. Needless to say, the fight has just begun. The enemy is tenacious, powerful and rich in resources, and it behooves us not to drop our guard for one moment. It is not one moment too soon for us to begin rallying our forces for the upcoming hassles that we shall encounter. Our legislative lineup with our Executive Director, Nathan I. Gruz and Paul Freiman is strong, but improvement can and must be made in communication among MPhA members, among members and legislators and between the Executive Director and officers. We have done well, but we can and must do better if we expect to survive.

The last problem, but certainly not the least, has been the one involving the Maryland Board of Pharmacy which on occasion has regrettably opposed the Association's position in a manner which did not enhance the professional image of pharmacy or lend luster to the Board. The death of Francis S. Balassone brought to light

a problem which has existed for many years, a problem which has had our membership constantly beset with inner fighting and bickering—"Should the offices of Chief. Division of Drug Control and Secretary of the Maryland Board of Pharmacy be separated or retained as one"? The House of Delegates at the Regional Meeting held in March finally laid this to rest by voting to keep the positions as one. How and when to accomplish this has been a vexing matter. Your President in an effort to present the strongest Board possible has worked to arrive at an equitable solution. On a number of occasions the problems seemed to be resolved only to have another stumbling block arise. This Convention in free and open debate after hearing all sides will make its decisions; and because it will be free and open, the results will be in the best interest of all.

Having just returned from the APhA Convention in Houston, Texas, I must say that I was proud to be representing Maryland as Maryland is truly represented on a national level:

Victor Morgenroth—Past President of the American College of Apothecaries, nominated for President of APhA;

Donald O. Fedder—Chairman of the MPhA Board of Trustees, nominated and elected President-elect of the Academy of General Practice of APhA;

Nathan I. Gruz—President of the National Council of State Pharmaceutical Association Executives.

We are small in area but large in ideas. We are looked upon as leaders in pharmacy. We are so far ahead of most states in legislation and health service foundations that we are constantly being asked for advice. I am proud of APhA, definitely the leader in pharmacy, and its goal for this year to unite pharmacy.

There are many areas which I have not covered. There are many problem areas which were not fulfilled. Si Solomon in his estimable wisdom said to me several months ago, "Nate, when you took office, didn't you think you were going to do everything? How do you feel now?"

And I said, "Well, I really don't feel as if I have done anything at all." He assured me that I had done something. I felt as if all I had done is create a ripple.

You throw a stone in the water to create a ripple. Ripples create a current, and currents produce movement. Movement produces action. Maybe this year I moved the organization a bit further. Maybe we are one step closer to reaching the ideals and goals which we set.

I want to thank you for allowing me to be your President. It has been a magnificant year for me. I enjoyed it; and if anyone wants to sum up in a few words some things to say about me, what I would like to have you say is, "He was fair." Thank you.

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Membership Committee Report

Melvin N. Rubin, Chairman

Most of the work of the Membership Committee has been directed to the enrollment of pharmacy owners and chain pharmacists. We will very soon begin to work on active members who have not paid 1972 dues.

Total membership as of April 30, 1972, was 528 opposed to 524 at the same time last year. Store owner and manager membership as of April 30, 1972 was 184 opposed to 207 last year. Total membership at the end of December 1971 was 851 compared with 813 at the same time in 1970.

The increase in dues for owners and managers has not appeared to be a drawback. The main problems comprise lethargy—a feeling that the MPhA will function for all pharmacists even if they do not pay dues—and a lack of understanding of the scope of the work done by the Association for the profession and for the public.

To combat these problems, I would suggest the following:

- 1. Establish a mailing list of pharmacies and send out periodic bulletins telling of the work of the Association.
- 2. Set a price differential for members and nonmembers as in the Esskay plan for such services as the purchase of Dreypaks and the procurement of literature.
- 3. Make MPhA membership mandatory or establish a double-fee system for participation in the Pharmaceutical Services Foundation.
 - 4. Hire a full-time recruiter on a commission basis.
- 5. Urge all members to encourage their friends and associates to pay their share so that we can all benefit more.

Professional Relations Committee Report

Stephen Hospodavis, Chairman

The Professional Relations Committee met last year with a committee from the state medical society (The Medical and Chirurgical Faculty of Maryland) composed of physicians, dentists and other health care professionals. At that meeting the problems of drug product selection, interprofessional relations and drug abuse were discussed. Information was presented on the increasing number of duplicated products of such items as ampicillin, potassium phenoxymethyl penicillin and tetracycline of which many members of the committee were unaware.

The preparation of a prescription blank allowing the pharmacist to select the manufacturer of a drug with the authorization of the physician was discussed. A subcommittee of the medical society will study this matter further with regard to implementing it on a trial basis with Medicaid prescriptions.

Many of the ideas expressed in this meeting have subsequently been acted upon. Our professional relations work has been tremendously aided by the work of the Public Relations Committee, chaired by Charles E. Spigelmire, on radio and television programs.

Report of Executive Director, Nathan I. Gruz

90th Annual Convention, May 7-9, 1972,

Washingtonian Motel and Country Club

This is my 11th annual report to the Maryland Pharmaceutical Association as Executive Director. As I sat down to gather my thoughts in preparation of this report, I thought of the contrast between the state of the world in general and of pharmacy in particular as it was when I assumed office in 1961 and as it is today.

All of you are aware of these great changes. Some of the changes having the greatest impact upon pharmacy are: the rise of consumerism with its attendant demand by the public of more readily accessible health care available to everyone as a right, not a privilege; the cry of consumerism for a role for the consumers in policy-making in the delivery of health care; the constantly increasing role of government in the planning and regulation of medical care services; the expansion of institutional and group forms of health delivery; the growth of third-party health insurance programs.

Throughout all these changes, we see the impact of the concept of prepayment and capitation in the economics of health-care planning.

All these developments have resulted in ever-growing attention by legislators at all levels of government in the interlocking issues of health, environment, population control, consumerism and welfare programs.

What does all this have to do with pharmacy, with the Maryland Pharmaceutical Association?

Well, I think all of you here really know the answers. I believe most of you realize the significance of the all-too-obvious developments I have alluded to. Unfortunately, there are the many, many more who are not here today who should be present and as involved as the few who are here today.

The obvious fact is that in the tension created by the diverse special interests in our unique American societal makeup, all fighting for their individual place in the sun, victory goes to those who have the muscle.

"Muscle" is the power to influence the decisions made by government, drug manufacturers, the medical profession, insurance companies, and other pertinent components of our socio-economic structure.

This is where the Maryland Pharmaceutical Association comes in as the organized arm of pharmacy in Maryland. Support to create greater "muscle" for pharmacy increased significantly this past year. This may be seen in greater membership in both MPhA and APhA in this state.

Sustaining membership support from our major wholesalers improved this past year, we are pleased to report.

But we have a long, long way to go. There are still more pharmacists on the rolls than we have as members.

The key to "clout" in achieving greater governmental, legislative and political impact is greater membership and greater financial resources. Members mean representational strength. Finances mean the ability to

employ the staff necessary to do the job that is needed and that all pharmacists want.

Operating within our limited budget and staff we can proudly assert that we have achieved virtual miracles, but unfortunately and unavoidably at the expense of some administrative details.

At the state legislature we batted almost 100% even though we operated under adverse conditions of consumerism, political expediency and exploitation and sensational journalism. Much credit is due our dedicated legislative chairman and the many devoted members who responded when called upon.

There is no doubt that 1973 will prove to be even more demanding of our time and efforts at the legislature.

One thing you can be sure of—the legislature and our opponents know we are an aggressive factor to be reckoned with in the legislative arena.

In third-party payment plans we have made important gains. We were able to replace one restricted plan with one assuring freedom of choice of pharmacy. At this convention you will hear of additional third-party programs which MPhA will help to administer to assure freedom of choice.

We drafted and had enacted a bill to assure freedom of choice of pharmacy in health insurance plans.

MPhA several years ago brought pharmaceutical services prepayment plans under the insurance law. Our leadership has resulted in the establishment of the "Pharmaceutical Services Foundation" to operate in this area and with health maintenance organizations.

However, there are, of course, still many areas that urgently need our attention:

During the coming year some of our concerns must be:

- 1. Improving pharmacy policies and reimbursement in the Medicaid program.
- 2. Integrating the representation of all facets of pharmacy practice into MPhA whether community, hospital, teaching, manufacturing, distribution, administrative or other.
- 3. Reviewing the legal framework of drug control and pharmacy practice, including the Board of Pharmacy.
- 4. Developing guidelines for undergraduate and continuing education.
- 5. Promulgating regulations for both community and institutional pharmacy practice.
- Establishing stronger liaison with all agencies and groups involved in health care pharmacy and delivery.
- 7. Arriving at a policy on supportive personnel in pharmacy practice. This should be implemented through regulations recommended by MPhA for promulgation by the Board of Pharmacy.
- 8. Contributing to the forging of unity in pharmacy organizationally during the coming year.

As President of the National Council of State Pharmaceutical Association Executives, I will be leading that group in their stated number one priority—achieving an integrated organizational structure for pharmacy on the national level. The state association executives and I personally are committed to permit no obstruction by any group in pharmacy in accomplishing the goal of unity in pharmacy.

Under President Nathan Schwartz's enthusiastic leadership, we have made progress in a number of areas in addition to those mentioned. We achieved a balanced budget in 1971 after several years of deficits. We have settled for complete payment of the Swain Model Pharmacy which MPhA sponsored and contributed to the University of Maryland.

But even with the strongest organizational posture we could achieve through maximum membership and adequate finances, we would still have to address ourselves to the problem of our "image" as health professionals. We cannot expect the optimum response from legislators, news media, other professions and so forth, unless we can clearly demonstrate by the services we provide that we want to be and are health professionals.

For example, in fighting to retain the laws prohibiting advertising the price of prescriptions to the public we assert that the professional services of the pharmacist are vital and are not reflected in mere listings of prices. We say that the personal pharmacist-patient relationship is important. We speak of the benefits of patient drug profiles. We point out the value of the pharmacist as consultant to physicians in providing drug information and to patients in the use of prescription and nonprescription medication.

Certainly hidden pharmacists who have little or no patient contact are not contributing to the image we want.

Certainly we cannot consider the pharmacist practicing assembly-line pharmacy to be a professional who enhances our image.

Certainly the pharmacist who is part of a mail order prescription operation not only violates the Maryland pharmacy law and the MPhA-APhA Code of Ethics but is serving merely as a technician or clerk, not as part of a professional physician-patient-pharmacist relationship.

Pharmacists involved in gimmickry in the advertising and promotion of prescriptions as mere commodities undermine all our efforts to advance pharmacy as a health profession worthy of a full and equal status on the health team.

If we want just and equitable compensation as professionals, then we will have to admit that such destructive practices will hinder us from obtaining the fees for professional services from government in the Medicaid program, from third-party plans and from Mrs. Private Consumer.

During the coming year we will have to face the need for more staff to meet the demands on MPhA in third-party payment plans, in emerging HMO's, in developing needed legislative proposals and preventing undesirable legislation, in more adequate communication to our members, in peer review and grievance machinery.

Behind all these demands we must meet the evergrowing requirements of the MPhA headquarters operation: sufficient office staff, modern office equipment, proper maintenance of the building and so on.

In operating an Association, we are faced with demands for services increasing far faster than the increase in income. Members and nonmembers feel we should provide any and every service imaginable regardless of manpower and money.

We are trying to do too many things. We are trying to cover all bases in the ballgame.

I think that with our present leadership team and with the help of our present membership, we can mobilize the many pharmacists who are unaffiliated and forge an ever stronger, more effective representative association.

With your support and active participation, we can achieve the organizational strength to be in the major league competition in the state of Maryland.

I am most appreciative of the response of so many of you when you have been called upon during the past year. We have had a dynamic team and an exciting year. In the year now unfolding, I again anticipate a year of full activity. The incoming leadership is experienced, seasoned and dedicated to the highest standards for pharmacy and for the Association.

We have tremendous challenges before us and opportunities for solid advancement.

I will be making great demands upon all of you for our common cause. I am confident you will respond.

Thank you for helping to make the past year a year of solid achievement and results to be proud of.

Legislative Committee Report

Paul Freiman. Chairman

The vast number of bills affecting pharmacy introduced at the 1972 legislative session in Annapolis set a record in mere numbers alone. Sixteen pharmacy bills were introduced, and it became a massive job to follow their development. To conserve space in this report, I have outlined the bills directly pertaining to pharmacy; and, hopefully, this will give our membership an insight into the rather busy time your Association had at the State House.

Some of the significant bills enacted and awaiting the Governor's signature at this writing are H.B. 573 (the generic drug bill), H.B. 1088 (manufacturers' disclosure bill) and S.B. 621 (to allow freedom of choice in pharmacy for any nonprofit health plan). Defeated during the 1972 session were four separate bills to repeal the advertising laws, an attempt to repeal the Fair Trade law and a bill to remove the selection of Maryland Board of Pharmacy members from the MPhA to the Secretary of Health and Mental Hygiene.

As I have noted, four separate bills were introduced to repeal the pharmacy advertising law. Only through the efforts of our Executive Director, Nathan I. Gruz, were these bills defeated. His knowledge of the legislature and his lobbying techniques would be the envy of even the most experienced lobbyist. Even when S.B. 190 passed

the second reader, he was able to get it back into committee, amended and eventually defeated on the Senate floor. Without his untiring efforts, I am sure that the advertising law would have been repealed, and many of the other successes we achieved would not have been possible. The Maryland Pharmaceutical Association owes Mr. Gruz a rising vote of thanks.

Another bill worthy of comment is H.B. 573—the drug product selection bill. This bill, cosponsored by Delegates Brown and Docter, would have allowed the pharmacist to make a drug product selection on any prescription unless the physician specifically stated otherwise. In an attempt to get support for the bill from the state medical society, we appeared before their Legislative Committee to discuss the bill. Although the Committee seemed favorable to our discussion, their Executive Council unanimously opposed the bill. At the hearing, opposition to the bill was also given by the Board of Pharmacy.

Amending H.B. 573 so that only those drugs appearing in the Medicaid formulary could be substituted, the bill came out of committee with a close but favorable vote. At this time we appeared before the Executive Council of the state medical society with Delegate Brown, and after lengthy discussion their committee reversed their previous stand and unanimously endorsed H.B. 573. The bill passed the House and then proceeded to the Senate.

It was in the Senate that the manufacturers began to make their move. Representatives from the major houses appeared in Annapolis. Letters poured into the Senate Committee from various physicians urging defeat of H.B. 573. Many of them were instigated by telephone calls from detail men to physicians, indicating that this bill would allow unlimited substitution. In addition, the Board of Pharmacy and a pharmacologist at the Johns Hopkins Hospital wrote letters asking for rejection of H.B. 573. Under these pressures the Senate Committee released an amended bill which includes great restrictions. This bill was enacted with amendments requiring the pharmacist to notify the physician in writing when a change is made and to pass on the savings to the patient.

We then received an invitation to appear before the House of Delegates of the medical society. A move was afoot to censor their Executive Council for supporting the bill and to ask the Governor for a veto. At this meeting we were allowed three minutes to make our presentation, and the obvious happened. Their House of Delegates voted to ask the Governor to veto H.B. 573. At the time of this writing, it appears that Governor Mandel will sign the bill, and it will become law. At the next legislative session we will strive to amend it so that it will truly be a workable bill.

In conclusion, as Chairman I would like to make the following recommendations:

- 1. That a group of pharmacy owners be appointed to keep records on their generic and brand name prescriptions so that we can determine the savings to the public in a truly workable brand selection bill.
- 2. That individual pharmacists or groups of pharmacists be urged not to introduce legislation concerning pharmacy and that they be encouraged to work through the Association so that we have a united voice in pharmacy.

- 3. That a master plan be established prior to the 1973 legislature to allow all members to know whom to contact in case of emergency. This means prior contact between pharmacists and their legislators and a knowledge by the MPhA of these contacts.
- 4. That compulsory continuing education and patient record cards be considered for legislative action next year.
- 5. That the MPhA recognize the need for introducing legislation which is in the interest of the public as hearings in Annapolis provide one of the best forums for pharmacy.
- 6. That an effort be made through the press, radio, television and personal appearances to enlighten the public and the legislators regarding the role of pharmacy in the interest of public health.
- 7. That the membership actively support PHARM-PAC allowing our efforts to continue to protect our profession.
- 8. That this Association give Mr. Nathan I. Gruz, our Executive Director, a rising vote of thanks for his magnificant efforts for pharmacy in Annapolis during 1972 and our appreciation for his past efforts in our behalf. Thanks also to those many pharmacists who came to our aid when called and to my Committee.

I would like to thank the MPhA for the confidence placed in me as Chairman and for the opportunity to serve. It has been a memorable experience.

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Public Relations Committee Report

Charles E. Spigelmire, Chairman

Mr. President, Mr. Executive Director, fellow pharmacists and you lovely ladies who always bring a ray of sunshine to these meetings—

Before giving my report, I would like to read a poem which I think is most appropriate for all pharmacists:

A Pharmacist Goes to Heaven

A pharmacist knocked at the pearly gates, His face scarred and cold; He stood before the man of fate For admission to the fold. "What have you done," St. Peter asked, "To gain admission here?" "I've been a pharmacist, sir," he said, "For many and many a year." The pearly gates swung open wide, St. Peter touched the bell; "Come in," he said, "and choose your harp, You've had your share of hell."

The world is constantly changing. It is essential now for a successful organization to keep in touch with perhaps the most powerful influence of modern times—the press and, of course, radio and television.

That has been the scope of activities of our Committee during the past year. Your Committee considers it of great importance to bring before the public the activities of our Association and to impress upon it the high ideals for which the Maryland Pharmaceutical Association stands.

Throughout the past year, your Public Relations Committee has worked hard and unceasingly with one guiding thought in mind—pharmacy's most important relations are public relations. Using every available means at their command, the members of the Committee have waged an intelligent, aggressive, cooperative and educational campaign to make the public realize that pharmacy is a profession to be proud of and not just another business to ridicule.

We know that many pharmacies have abdicated their strongest favorable factors. The personality of the pharmacist and the atmosphere of the pharmacy are being allowed to disappear. People still prefer to do "health business" with a man who proves his knowledge, interest and capacity for being helpful.

Our vigorous publicity program has constantly told the public that we are proud of our profession, thrilled with its accomplishments, and eager to apply the knowledge and ability to transfer from a researcher's hand to the hands of someone, somewhere in our nation our priceless pharmaceuticals at exactly the time when that particular person needed them.

In an effort to strengthen our professional as well as our public relations, during Diabetes Detection Week we devoted the Best Neighbor radio program on WCAO to advise the public to get a diabetes check-up and receive treatment if necessary. During this week our pharmacists distributed thousands of Diabetes Dreypak test kits to their patrons throughout the state free of charge. These Dreypaks were tested, and the results returned to the individuals. We also told your patrons that the various drugs and equipment needed to treat diabetes could be obtained in your pharmacies.

During Heart Month we conducted a radio program which described the many remedies and drugs employed today in the treatment of various heart ailments. This program was highlighted with the advice that all of these remedies could be obtained on prescription only from your best neighbor, the friendly pharmacist.

We talk a lot about pharmacy, and sometimes we are prone to wonder if anybody does anything about it or for it. Let me tell you that one of our finest programs was dedicated to the study of pharmacy as a career. This was a program which outlined in great detail the past, the present and the future of pharmacy and was most complete and instructive to our "embryo" pharmacists.

In an effort to create a more harmonious and productive relationship with the dental profession, we presented a program Dental Care Week which described the importance of correct dental care and treatment.

The most important week during this year for professional and community pharmacy was National Pharmacy Week. During this week your Public Relations Committee exerted every effort at its command to bring to your patrons attention the importance of you, the pharmacist, to their very existence. Here is where all of your publicity media united in a hard-hitting force. It is the practicing pharmacist who must tell pharmacy's story through window and store displays, through displays in other strategic centers in the community, by advertisements and editorials in local newspapers, interview programs and spot announcements on local radio and television stations. You are the person who has the best opportunity for meeting the public, your customers, face to face and for telling them about drugs, the biggest bargain in their family budget. Only the individual pharmacist can successfully put pharmacy's story across. Organized pharmacy can direct and help with the tools, but the final responsibility is yours.

An outstanding illustration of organized cooperation was the help the Committee contributed during Poison

CHANGE OF ADDRESS

When you move-

Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date. APhA members—please include APhA number.

Thank you for your cooperation.

Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street

Prevention Week. The basic thought for this activity was, "For every child accidentally poisoned, an adult is responsible." Much time was spent working with a group of health organizations to participate in Poison Prevention Week. Under the leadership of the Maryland Pharmaceutical Association, the Maryland Poison Prevention Committee, composed of representatives of the Baltimore Metropolitan Pharmaceutical Association, the Baltimore Safety Council, the State and Baltimore City Health Departments and the Maryland Academy of Pediatrics, donated their time, their ideas and their advice to help us conduct one of the most successful Poison Prevention Weeks since the inception of this public safety activity.

Our good friends, the wholesalers, were most cooperative in distributing to our pharmacies a safety flyer which told your customers about the hazards of handling aspirin carelessly. The wholesalers also delivered 50,000 flyers to our pharmacies through the services of Mrs. Anne Lane, Consumer Specialist of the Federal Food and Drug Administration. Poison prevention information was given to the Baltimore City Health Department and placed in the five district buildings and in the Baltimore Maternity Center for distribution to patients. Five thousand copies of "How Poison Proof is Your Home" were distributed by the Baltimore Safety Council. In addition, this year several Optimist Clubs have asked for a large stock of this pamphlet and aspirin leaflets to conduct their own programs.

The Maryland Pharmaceutical Association is financing and distributing through Maryland pharmacies selfadhering stickers which can be placed on the telephone cradle to provide ready reference to the Maryland Poison Information Center telephone number. Change of address of the Center from Baltimore City Hospitals to the University of Maryland School of Pharmacy has created a change in the telephone number to 528-7701.

The Baltimore City Health Department's weekly letter to the Mayor was devoted to poison prevention subjects on three occasions during the year. The Morning Sun had excellent newspaper coverage; the Astro pamphlet had an interesting article. The following special radio and television programs during Poison Prevention Week told the public that you are always ready to aid them when they need help. We had many radio and television programs during Poison Prevention Week devoted to the subject. The pharmacists who appeared were: Joseph U. Dorsch, WBMD; Melvin N. Rubin, WBJC; Mary W. Connelly, WBJC; Ronald A. Lubman, WCAO; Ralph T. Quarles, WCAO; Anthony G. Padussis, WLPL; Bernard White, WITH; and Charles E. Spigelmire, WCAO and WBFF. This illustrates once again that your Public Relations Committee tried to tell the public that pharmacy is a warm-hearted profession, not a cold-blooded business enterprise.

V.D.—Voluntary Disaster! Today, venereal disease is an epidemic in the United States. Four Americans are stricken by V.D. every minute. Most of the victims are under 25 years of age. Clearly not enough people know the facts about the disease.

Your Association decided that all the people should know about V.D. Our pharmacies have distributed thousands of pamphlets telling the public what V.D. is all about and making a sincere effort to help subdue the scourge of the 70's. The Public Health Information Committee under the aggressive, dynamic and persuasive chairmanship of Paul Freiman is making a hurculean effor to fight the silent epidemic.

During Foot Health Week your Committee presented a very fine program entitled "Hospital Podiatry" with Dr. Michael L. Sherman and Dr. Marc Linet, two Baltimore podiatrists. This program told our audience the many problems involved when the feet lack proper care and explained the many, many ways in which the community pharmacist, cooperating with the podiatrists, develop and maintain excellent foot health.

Our programs on drug abuse have been most informative in a sincere effort to keep the potential addict from getting "hooked." We know that drug abuse goes beyond ruining individual lives; its evil effects radiate outward and settle on society like a choking dust. The Committee has done its work well if it stops one person from taking that first step along the road that leads to nowhere.

Many people were very kind to the Committee members during the past year giving them the energy and initiative to go on. At radio station WCAO in Baltimore our appreciation goes to Byron I. Millenson, Station Manager; to Charles Purcell, Director of Public Service; and Mrs. Colleen Harting, Program Director. Another motivating force in our success during the past year was the advice and cooperation of our Executive Director, Nathan I. Gruz. My sincere thanks for the helping hand the office staff always gave me. Another gentleman who contributed tremendously to the success of the Committee was Herman J. Bloom. Rain or shine, night or day Herman always came to radio station WCAO to take pictures of every special guest we had on Your Best Neighbor programs during the year. Thank you very much, Herman, for your dedication and generosity.

The man who succeeds is the man who gives something extra of his talent or service. He may remain unrecognized for a time, but the inevitable always happens. Please remember, success comes in can's; failures, in can'ts.

Las Vegas Meeting
LAST CALL

The MPhA Fall Regional Convention Holiday, Sunday, October 22-Wednesday, October 25, 1972—a \$259 package for only \$199 per person—is almost sold out. Educational sessions are included.

If interested in this special United Airlines Charter with deluxe accommodations at Las Vegas Hilton International, with dinners, shows, cocktail parties, etc., call the Association office at once, 727-0746.

Treasurer's Report

Maryland Pharmaceutical Association

Balance Sheet December 31, 1971

| A . | | | | |
|-----|---|---|---|--|
| A | • | 0 | в | |
| | | | | |

| Cash: | |
|--|----------------------------|
| Checking Account—General Fund | \$ 948.55 |
| Savings Account—General Fund | 49.03 |
| Checking Account—The Maryland | |
| Pharmacist | 364.62 |
| Savings Account—Scholarship Fund | 506.16 |
| Savings Account—Kelly Memorial Fund | 10,164.05 |
| Savings Account—Swain Cole Fund | 621.47 |
| Investments: | |
| Savings Certificates, Reisterstown Federal | |
| Savings and Loan Association | 12,000.00 |
| 44 Shares Union Trust Company of Mary- | |
| land, Cost | 715.00 |
| (Market Value, \$2,079.00) | |
| 8 Shares Maryland National Bank, Cost | 532.00 |
| (Market Value, \$476.00) | |
| | |
| Total Assets | \$25,900.88 |
| | |
| Reserves and Surplus | |
| Reserve Funds for Specific Purposes: | |
| The Maryland Pharmacist | \$ 364.62 |
| Scholarship Fund | 506.16 |
| Kelly Memorial Fund | $10,\!164.05$ |
| Swain Cole Fund—Savings Account | 621.47 |
| Swain Cole Fund—8 Shares Md. | |
| National Bank | 532.00 |
| Tatal Passess | £19.100.20 |
| Total Reserves | \$12,188.30 |
| Surplus General Fund: | |
| Checking Account \$ 948.55 | |
| Savings Account 49.03 | |
| Savings Certificate 12,000.00 | |
| 44 Shares Union Trust Co. of | |
| | |
| Md. 715.00 | |
| Md. 715.00 | @19 <i>7</i> 39 <i>2</i> 0 |
| | \$13,712.58 |

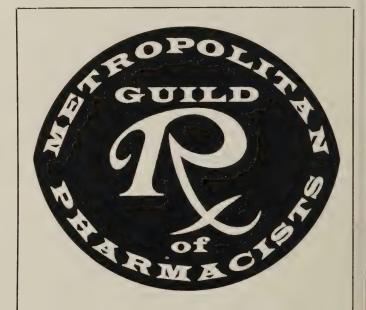
Maryland Pharmaceutical Association General Fund Statement of Receipts and Disbursements Calendar Year, 1971

| Receipts: | |
|--------------------------------|-----------|
| | 33,963.50 |
| Sustaining Membership | 5,600.00 |
| Convention, 1971 | 6,667.39 |
| Convention, 1972 | 1,308.67 |
| Swain Seminar | 152.09 |
| Administrative Services | 219.50 |
| Dividend Income | 114.40 |
| Interest Income | 630.00 |
| Maryland Pharmacist—Transfer | 1,000.00 |
| Reisterstown Federal—Transfer | 550.00 |
| Baltimore Metropolitan Phar- | |
| maceutical Association contri- | |
| bution for Swain Model | |
| Pharmacy | 2,000.00 |
| Total Receipts | |

| D | is | b | u | r | S | e; | m | e | n | ts | : | |
|---|----|---|---|---|---|----|---|---|---|----|---|--|
|---|----|---|---|---|---|----|---|---|---|----|---|--|

| Salaries | \$30,949.62 |
|------------------------------|-------------|
| Payroll Taxes | 1,551.05 |
| Employees Insurance | 487.80 |
| Retirement Plan | 1,500.00 |
| Office Expense | 3,154.97 |
| Postage | 911.13 |
| Printing | 436.54 |
| Telephone | 1,514.02 |
| Utilities | 1,194.01 |
| Travel | 2,194.56 |
| Accounting | 350.00 |
| Legal Fees | 750.00 |
| Insurance | 62.00 |
| Association Services | 483.81 |
| Legislative Committee | 421.60 |
| Public Relations | 145.42 |
| Professional Relations | 1,010.00 |
| Treasurers Honorarium | 200.00 |
| Spring-Fall Regional Meeting | 353.37 |
| Settlement, Henry B. Gilpin | |
| Co.—Swain Model Pharmac | y 5,000.00 |
| | |

Total Disbursements \$52,669.90 Excess of Disbursements over Receipts \$(464.35)



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The cold and flu weather is on its way.

And most people can put up with the sneezing and coughing.

But finding something to do during all those hours in bed, that's a real pain.

A person can only stand those game shows and soap operas for so long, before all they want to do is lay back with something good to read.

Maybe a sports magazine, a hobby book, a paperback novel or a news magazine.

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your area's prime source of fine reading material.

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Maybe we're just what the doctor ordered.

Maryland News Company



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Manual On Institutional Pharmacy Service Available

The "Instruction and Procedure Manual on Institutional Pharmaceutical Service" has just been updated and may now be obtained from the American Society of Hospital Pharmacists. The 128-page Manual was originally designed to be a teaching tool to orient community pharmacists to institutional practice, but it has been revised to enable its use in other areas as well. With more and more community pharmacists providing service to nursing homes and small hospitals, the Manual is an important effort in bringing together in one document the basic principles of institutional pharmacy practice. The Manual can be ordered at \$7.50 prepaid from the American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Washington, D.C. 20014.



PROFITABLE REAPING

University of Maryland, School of Pharmacy Alumni Association



Photos by Paramount Photo Service

University of Maryland, School of Pharmacy Alumni Association 46th Annual Graduation Banquet, Eudowood Gardens, May 31, 1972. Upper left: John Burr Frosst, left, a graduate of the class of 1920, receives the Honored Alumnus Award. Presenting the award is Dr. John Krantz, professor emeritus and former recipient of the award. Upper right: Ronald A. Sanford, left, incoming President of the Alumni Association, presents out-going President's gavel and plaque to Anthony G. Padussis. Lower left: Morris L. Cooper, left, curator for the Maryland Pharmaceutical Association, receives Honorary President's Award from out-going President Anthony G. Padussis. Lower right: Graduates of the class of 1922 who received 50-year commemorative pins are (l to r) Leroy S. Heck. Jennie K. Leberman. William A. Ruff, Howard L. Gordy, and Reuben B. Moxley.

Alumni Oyster Roast

SUNDAY, DECEMBER 10, 1972

The University of Maryland, School of Pharmacy, Alumni Association announces it will hold its first Annual Oyster Roast. The affair will be held at Martin's Eudowood on Sunday, December 10, 1972 between the hours of 12:30 p.m. to 5:30 p.m. Besides the main dish of oysters and clams, other features include hot and cold buffet, dessert, beer and set-ups. All pharmacists, their families and their friends are invited to attend. Because there is a limit on ticket sales, everyone is requested to please buy their tickets as soon as possible. Price of the tickets will be \$6.75 per person.

For more information, please call: President Ronald A. Sanford—744-7494; Treasurer H. Nelson Warfield—486-5415; Sam A. Goldstein—448-4143; Charles H. Tregoe—383-2730; Leon Weiner—944-6335.

For tickets, please send checks with name and return address to: LEON WEINER, 3213 Blue Hill Road, Baltimore, Maryland 21207.

Please make checks payable to the Alumni Association, School of Pharmacy.

Prince Georges-Montgomery County Pharmaceutical Association



Touring hospital grounds of Taylor Manor Hospital (1 to r) Edward Sandel, Second Vice President; Jonas Rose, Executive Committee member; Irving J. Taylor, M.D., Medical Director, Taylor Manor Hospital; Henry Theis, Third Vice President; Edward Nussbaum, President; Ronald J. Taylor, M.S., Psychologist.

The Prince Georges-Montgomery County Pharmaceutical Association was invited to attend an open house at the Taylor Manor Hospital in Ellicott City, Maryland on July 23. Members were given a tour of the psychiatric hospital.

Irving J. Taylor, M.D., Medical Director of the hospital, spoke to the group about the history and present operation of the hospital, explaining drug regimens used and their relative effectiveness, and methods of patient treatment.

Ronald J. Taylor, M.S., Psychologist and nephew of Dr. Taylor, spoke to the group about Everyman, Inc., a new, non-profit, drug abstinence addict treatment facility which will be located in Howard County as soon as suitable quarters are found. A federal grant has been applied for to fund the project and any private funds would be welcomed for this worthwhile cause.

Lantos Elected President of ASHP

Robert L. Lantos has been elected President of the American Society of Hospital Pharmacists. Lantos is Director of Pharmaceutical Services at the University of Florida's Shands Teaching Hospital in Gainesville, Florida. He will be installed as President of the Society at the Annual Meeting in Boston, July 23-26, 1973.

Denmark Elected to Head APhA

George D. Denmark of Pocasset, Massachusetts, has been elected 1973-1974 APhA President in a mail ballot running against Victor H. Morgenroth, Jr. of Baltimore. Joe D. Taylor of Glasgow, Kentucky, was elected Vice President. President Elect Denmark and other officers-elect will be installed at the APhA Annual Meeting in Boston, July 21-27, 1973.

A. Z. O. News



Installed as officers of Kappa Chapter of the Alpha Zeta Omega Pharmaceutical Fraternity for 1972-73 were (l. to r.) Gerald Cohen, Graduate Subdirectorum; Dennis Klein, Recording Signare; Henry Leikach, Directorum; Steve Tompakov, Bellarum; and Mark Levi, Corresponding Signare.

Back Issues Available

Due to space limitations unlimited storage of back issues of *The Maryland Pharmacist* is impossible. Copies of many back issues are available upon request. Issues not asked for by October 30 will be disposed of.

CLASSIFIED ADS

As a service to MPhA members, we offer a free classified ad service. Maximum number of words permitted under this free service is 25.

In replying to "blind" ads, address Ad No......, The Maryland Pharmacist, 650 W. Lombard St., Baltimore, Md. 21201.

Commercial classified ads (single issue insertion) will be carried at 15 cents a word, minimum charge per insertion, \$5.00. PAYMENT TO ACCOMPANY ORDER.

Closing date for copy—15th of preceding month.

PHARMACISTS WANTED

If you would care to relocate to Michigan Water Wonderland the Sports Mecca of the U.S.A. and earn up to \$18,000 plus maximum fringe benefits, moving expenses, work in metropolitan suburbs or in small towns. Call collect Geoff Stebbins, V.P. 1-(313)-835-9500 ext. 536. Arnold's Inc. Michigan's most rapidly expanding chain or write: 18718 Borman Avenue, Detroit, Michigan 48228.

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Task Force on Prescription Containers

The Poison Prevention Packaging Act of 1970 was enacted to provide for special packaging to protect children from personal injury or illness from handling, using or ingesting substances commonly found around the household, including legend and non-legend preparations. The Act empowers the Secretary of the Department of Health. Education and Welfare to prescribe special packaging standards for substances which present a hazard to children. This authority has been delegated to the Food and Drug Administration.

FDA Commissioner Charles Edwards has established August 14. 1972 as the effective date for the first of a series of regulations implementing the Poison Prevention Packaging Act. The regulation provides that as of August 14. 1972, all aspirin containing preparations which are dispensed pursuant to a prescription order of a medical practitioner must be dispensed in a child-resistant container unless the medical practitioner directs otherwise or the patient specifically requests that a conventional, non-child-resistant container be used.

On October 24. 1972, all substances subject to the Controlled Substances Act will also be required to be dispensed in child-resistant containers. In addition, it is anticipated that all human prescription drugs in oral dosage form will be subject to safety packaging regulations by February, 1973.

To assist pharmacists and their patients in making an orderly transition from conventional to child-resistant packaging, the Academy of General Practice of Pharmacy of the American Pharmaceutical Association has formed a Task Force on Prescription Containers.

The five-member Task Force consists of pharmacists who are representative of all practices of pharmacy and have been charged to serve as a national clearinghouse for pharmacists for prescription container information. The members of the Task Force are identifying, securing and disseminating information to be used by practitioners in the selection of proper prescription containers.

As part of their charge, the members of the Task Force are providing the profession with a summary of the Provisions of the Poison Prevention Packaging Act of 1970 and the Federal Food. Drug and Cosmetic Act as they apply to prescription containers. To assist pharmacists, the Task Force is identifying the child-resistant containers known to conform to the testing requirements of the Poison Prevention Packaging Act and is making this and other information, such as container sources, sizes and costs, available to the profession. The Task Force is also disseminating the available information on conformance of all commercially available prescription containers with standards set forth in the N.F. and U.S.P., the official compendia and the Federal Food. Drug and Cosmetic Act.

As part of the service that the Task Force is providing, the members are reviewing the reported problems that practitioners and patients have encountered with specific containers and evaluate these reports as they may affect public health and pharmacy practices.

The Task Force is also serving in an advisory capacity to the American Pharmaceutical Association on

John R. McHugh. Trastee of the Maryland Pharmaceutical Association, is a member of this Task Force.

matters which should be discussed with the Food and Drug Administration, the National Formulary, the United States Pharmacopeia and prescription container manufacturers. The problems identified by the Task Force during the practitioner review procedures shall be forwarded to the appropriate body or bodies for necessary action.

Pharmacists and other interested persons are invited to direct all inquiries or comments concerning the Poison Prevention Packaging Act or prescription packaging in general to:

Task Force on Prescription Containers American Pharmaceutical Association 2215 Constitution Avenue, N.W. Washington, D.C. 20037

Baltimore's Tuberculosis Problem

Although the City of Baltimore has one of the highest tuberculosis incidence rates of any large city in the country, the problem arises almost entirely from individuals who were infected with the germ through contact with an infectious case of this disease at some time in the past. Once an individual has acquired an infection, he normally carries the germ in his body for the rest of his life. It has been shown that one in twenty of all persons with old infections will develop active tuberculosis at some time in their lives, the risk being greater in some than in others according to age, race, sex and socioeconomic factors.

The risk of acquiring a new tuberculosis infection in the city is now quite small unless there has been demonstrable contact with an infectious case of tuberculosis. As measured in children in Baltimore, the risk today is only one quarter what it was five years ago, and considerably less than in other large cities. Among adults who have never been infected with tuberculosis, the risk of developing active tuberculosis is estimated at about 1:8.000 in the general population—varying from 1:200 in known contacts to zero where the individual is never exposed.

SAFETY CONTAINER LAW RUBBER STAMP AVAILABLE

To assist pharmacists to more easily comply with the federal law, MPhA has made rubber stamps with the following statement available:

"Pharmacist, please do not dispense in safety package"

John Doe

date

To order stamps, mail check for \$1.50 to the MPhA office. 650 West Lombard Street, Baltimore. Maryland 21201.

Henry B. Gilpin Company Announces The Acquisition of Ellis-Bagwell Drug Company



Robert R. Ellis, III, President of Ellis-Bagwell Drug Co. (left), reviews acquisition agreement with James E. Allen, Chairman of the Board of H. B. Gilpin Co.

The Henry B. Gilpin Company announces the acquisition of Ellis-Bagwell Drug Company of Memphis, Tennessee. Ellis-Bagwell conducts drug wholesale operations in Arkansas, Mississippi, Missouri, and Tennessee from its distribution facilities in Memphis.

Mr. James E. Allen, Chairman of the Board of Gilpin, stated that Ellis-Bagwell will add more than \$10,000-000 in sales and will contribute significantly to the earnings of Gilpin. He announced that Mr. Robert R. Ellis, III will remain with Ellis-Bagwell as President. The company will be operated as a wholly-owned subsidiary of Gilpin.

In a joint statement, Mr. Allen and Mr. Ellis stated that the integration into Ellis-Bagwell of sales and distribution programs developed by Gilpin will significantly increase the services available to retail and institutional customers in the Ellis-Bagwell trade area.

The acquisition is effective June 29, 1972.

Henry B. Gilpin Company Announces Increased Earnings, New Appointment

Mr. James E. Allen, Chairman of the Board of the Henry B. Gilpin Company, reported earnings for the year ended December 31, 1971 increased to \$100,198 from the 1970 earnings of \$40,852. Earnings for the year were \$.41 per share as compared with \$.09 per share for the year 1970. This improvement in overall earnings was made on a sales increase of 4.6 per cent to a record high sales of \$37,920,000.

Mr. William H. Whittlesey, Executive Vice President of the Henry B. Gilpin Company, announced the appointment of Mr. William T. McDonald as Vice President, Marketing. Mr. McDonald has served as Vice President,

dent of McKesson & Robbins. The appointment represents an important step in the expansion program of Gilpin.

Joseph D. Mangini Cited for Outstanding Service To Youth

Joseph D. Mangini, President of Mangini and Associates, Inc., has been cited by Illinois Governor Richard B. Ogilvie for outstanding service to youth. The award was made by the Governor to Mr. Mangini during the 44th Annual Governor's Conference on Youth held in Chicago.

Mr. Mangini is the founder of the Mangini Youth Center, which is operated by the Mid-North Community Committee. He has been active with the Committee since 1963, organized its Businessmen's Advisory Board and served as the Board's first Chairman. The Board today consists of 25 representatives of industry in the Mid-North area; Mr. Mangini remains an active member. He has also served as Chairman of the Finance Committee and has helped to raise over \$50,000 for the Mid-North Community Committee. It is estimated that he has given an average of 250 hours a year to the Committee's projects. He has also given jobs to hard-core youths in his own business for many years, including a number of young people with police and court records.

Mr. Mangini has been honored many times in the past for his service to the community and especially to youth. In 1964 he was cited by the Jewish Federation of Metropolitan Chicago, a group in which he has been active for 10 years, although not himself Jewish. In 1963 and 1965 he was active with the Combined Jewish Appeal. In 1965 he was honored by the Mid-North Community Committee; that same year he received a Volunteer Service Award from the Chicago Federation of Community Committees. He has also received awards from the Illinois Pharmaceutical Association and the Illinois Pharmaceutical Travellers Club, as well as the Illinois Youth Commission. In 1971 he was cited for his outstanding service by the Chicago-Joe Fox Lodge B'Nai Brith.

Mr. Mangini is President of Mangini and Associates, Inc., Inventory Specialists, with branches in six principal cities. The firm specializes in drug store and hospital inventories.

TAMPA NEWS

Members of the Traveler's Auxiliary of the Maryland Pharmaceutical Association met their new officers for the 1972-1973 year at a Social Hour held at the Phil-Mar Inn on September 14, 1972.

The success of TAMPA's greatest "Crab Feast" held in many years was due to the strong support of its members and in particular because of the efforts throughout the day of Donald Brown and his wife.

TAMPA will have its annual "Ladies Night" affair on November 15, at the Oregon Ridge Dinner Theatre in Cockeysville, Maryland. Tickets are \$8.50 per person. The show will be "All The Girls Came Out To Play."

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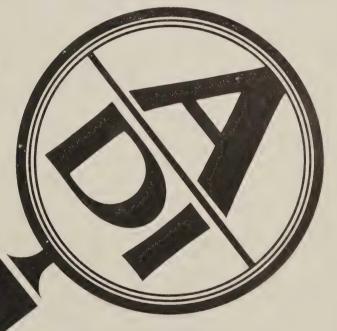
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Obituaries

Louis H. Kraus, Jr.

Louis H. Kraus, Jr., 44, died of cancer on August 4 at the Wilmington Medical Center in Delaware. Mr. Kraus was a member of the Maryland Pharmaceutical Association, the Eastern Shore Pharmaceutical Society, and the University of Maryland School of Pharmacy Alumni Association. He was also a member of Boumi Temple, Salisbury Chamber of Commerce and Optimist Club.

Meyer Davidson

Meyer Davidson, 71, a 1925 graduate of the University of Maryland, School of Pharmacy, died on July 30, 1972.

Samuel William Bergner

Samuel William Bergner, 65, a 1927 graduate of the University of Maryland, School of Pharmacy, died on July 1.

Albert G. Kaylus

Albert G. Kaylus, a 1921 graduate of the University of Maryland, School of Pharmacy, died on June 30.

Philip Vodenos

Philip Vodenos, 47, died on July 17 after he suffered a heart attack. He graduated from the University of Maryland, School of Pharmacy in 1950.

Kirk W. Goines

Kirk W. Goines, 51, a vice president in charge of sales for People's Drug Stores, Inc., died on August 28 after suffering a heart attack.

Herman C. Praetorius

Herman C. Praetorius, 78, former salesman for Julius Schmid and Miller Drug Sundry Company, died on August 11.

John Loftus

John Loftus, 60, a 1934 graduate of the University of Maryland, School of Pharmacy, died on August 21. He had been with Read's Drug Stores for 38 years.

Louis J. Gitomer

Louis J. Gitomer, 90, who was born and studied pharmacy in Russia, died on August 22. He became registered in Maryland in 1911.

STATE PHARMACEUTICAL DIRECTORY

AFFILIATED ORGANIZATIONS

Allegany-Garrett County Pharmaceutical Association

| PresidentJames R | itchie |
|-------------------------------|--------|
| Vice PresidentJohn H. | |
| Secretary-TreasurerLinda McMi | chael |

Baltimore Metropolitan Pharmaceutical Association

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|-----------------------------|
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|---------------------------------------|
| Vice President Walter M. Damasiewicz |
| Secretary-Treasurer Frederick Fahrney |

University of Maryland School of Pharmacy Student APhA-MPhA Chapter

| | | Paul | |
|-----------|-------|---------------------|------------|
| Vice Pres | ident | Stepher | B. Bierer |
| Secretary | | Donn | a S. Levin |
| Treasurer | | $\dots\dots Dennis$ | R. Reaver |

MPhA AUXILIARIES

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|--|
| Recording SecretaryMiss Mary DiGristine |
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|--|
| First Vice PresidentAbrian Bloom |
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| Third Vice PresidentJohn Fagan |
| Secretary-Treasurer William A. Pokorny |
| Asst. Secretary-Treas William L. Nelson |
| Honorary PresidentArthur Hall |
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|-----------|--------------------------|
| President | ElectThomas E. Patrick |
| Secretary | Vincent de Paul Burkhart |
| Treasurer | |

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| Dean | | Dr. | William J | . Kinnard, Jr. |
|-------|------|-----|-----------|----------------|
| Asst. | Dean | | Dr. C. | T. Ichniowski |

University of Maryland School of Pharmacy Alumni Association

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|---------------------------------------|
| First Vice PresidentCharles H. Tregoe |
| Second Vice PresidentMary W. Connelly |
| Treasurer |
| Executive SecretaryDorothy L. Levi |
| Honorary President Dr. Frank J. Slama |

Metropolitan Guild of Pharmacists

| President | Frank Frany |
|------------------|--------------|
| Vice President | Robert Irby |
| Secretary Lawren | ice Jacobson |
| Treasurer F | rank Woicik |

In The News...

Recent changes at the Union Memorial Hospital included the promotion of SYDNEY L. BURGEE, JR. from Director of Pharmacy and Central Supply to Hospital Assistant Director. Mr. Burgee is a former Vice

President of the Maryland Pharmaceutical Association, a Past President of the Maryland Society of Hospital Pharmacists and a past recipient of the W. Arthur Purdum Award. He has been at the Union Memorial since 1964.

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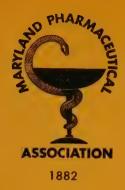
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the maryland pharmacist

Editorial—Joint Membership Requirements and Affilation

The Maryland Pharmaceutical Foundation

Summary of Minutes of Board of Trustees

Meeting

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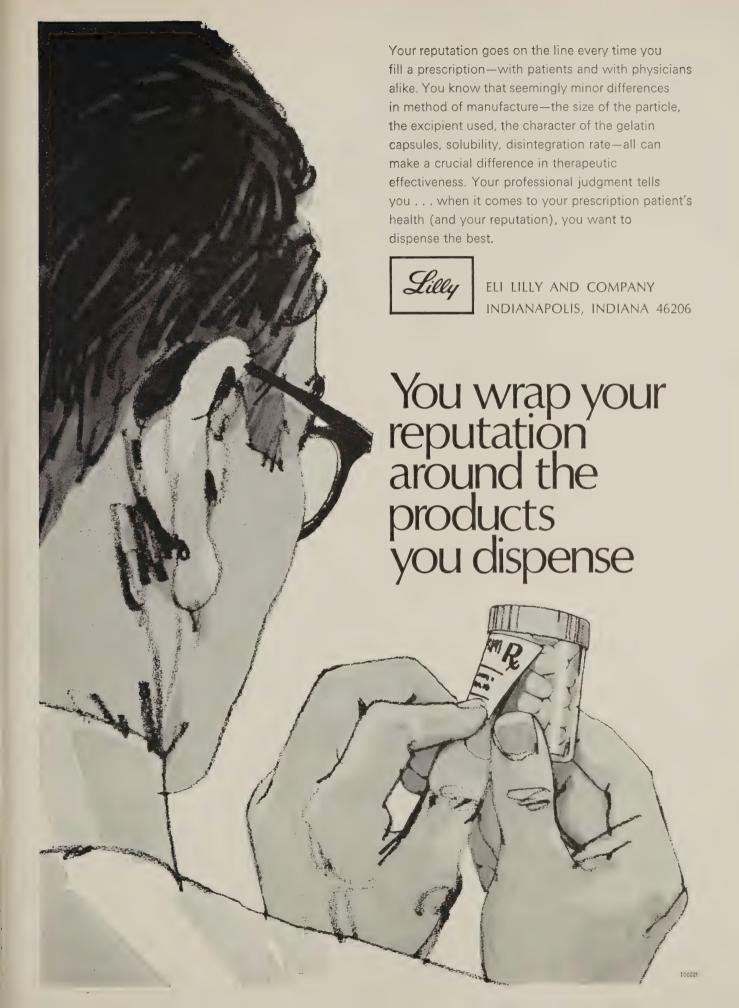
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3. Roche did something

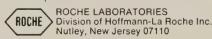
about generating new Rx sales. Because Roche products continue to satisfy therapeutic demands of both old and new physician customers, they continue to generate new sales—providing one of the *highest turnovers* down the line of any ethical house. At the same time, Roche supplies the pharmacist with high quality, branded levodopa and sulfisoxazole priced at generic levels.

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5. Roche did something

about the pharmacist's continuing education. A number of brochures and reprints, presenting up-to-date information on specific areas of professional interest, have been prepared by Roche and are available upon request. Drug Abuse, Drug Interactions, Pharmaceutical Research, Nursing Home Services and Therapeutic Equivalency are just a few of the subjects covered. Bibliographies on particular subjects are available on request.



The Maryland Pharmacist

NATHAN I. GRUZ, Editor NORMAND A. PELISSIER, Assistant Editor Ross P. Campbell, News Correspondent HERMAN J. BLOOM, Photographer

650 WEST LOMBARD STREET BALTIMORE, MARYLAND 21201



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SEPTEMBER 1972

NUMBER 9

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Change of address may be made by sending old address (as it appears on your journal) and new address with zip code number. Allow four weeks for changeover. APhA members-please include APhA number.

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Editorial . . .

Joint Membership Requirements And Affiliation

Webster defines the word affiliate as to adopt or receive into a family as a son; hence, to unite or attach in a close connection, often as a member or branch. When the word affiliation is applied to organizations, it implies an arrangement between two groups who have mutual goals resulting in closer ties between the two groups. One group is usually the parent organization of the other. A person applying for membership in one organization is required to join both organizations as a condition of acceptance. Often the member must pay dues to both organizations or to as many groups as are affiliated with the organizations. As an example, a pharmacist who resides in Baltimore and who is employed by a hospital wishes to join the Maryland Society of Hospital Pharmacists. Because of affiliation agreements, this pharmacist must also join the American Society of Hospital Pharmacists, the American Pharmaceutical Association, the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

Affiliation without joint membership requirements has been proposed. But what effect would this have on dues income so necessary for organizations to operate effectively? We must look for arrangements which will insure the continued growth of our pharmacy organizations, yet, which will allow maximum participation of pharmacists without undue financial burden.

Perhaps it would be possible for the cost of such services as maintaining membership records, dues collection and mailing to be paid directly to the parent organization by the group obtaining these services if they so desired them.

On a national level, perhaps it would be possible for members who wanted to belong to two national organizations that were affiliated to pay reduced fees to each group as long as they kept up both memberships. In any case, the member would have the option of joining one or more groups.

These are only ideas. Perhaps they could be improved into workable solutions. In these crucial times for unity in Pharmacy, we should explore all ideas which could be of benefit to the future of our professional associations and our Profession.

—Normand A. Pelissier

Dreypaks Available

Dreypaks (diabetes detection kits) are available year round from the MPhA office at \$3.75 per hundred. This is an excellent public health service and good public relations. Place your order now.

PHARMACY CALENDAR

December 10 (Sunday)—University of Maryland School of Pharmacy Alumni Association First Annual Oyster Roast, Martin's Eudowood, 12:30 p.m. to 5:30 p.m.

December 14 (Thursday)—Maryland Society of Hospital Pharmacists meeting at University of Maryland, Baltimore Student Union Alumni Lounge. Speaker, Anthony Manoguerra, Pharm. D., Associate Director, Maryland Drug Information Center.

— 1973 **—**

January 28 (Sunday)—Baltimore Metropolitan Pharmaceutical Association Installation Banquet, Bluecrest North.

July 21-27—American Pharmaceutical Association Annual Meeting, Boston, Massachusetts.



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University of Maryland School of Pharmacy

Dr. William J. Kinnard, Jr., Dean of the School of Pharmacy, University of Maryland at Baltimore, announced the following faculty promotions:

Dr. David A. Knapp to Professor of Pharmacy Administration. Dr. Peter P. Lamy to Professor of Pharmacy. Dr. Jeremy Wright to Associate Professor of Medicinal Chemistry. Dr. Robert A. Kerr to Assistant Professor of Pharmacy. David S. Roffman to Instructor in Pharmacy.

The Dean also announced the following appointments to the School of Pharmacy faculty: Dr. Joseph S. Adir, Assistant Professor of Pharmacology and Pharmacy. Dr. Adir was associated with the Department of Pharmaceutics at the School of Pharmacy, State University of New York at Buffalo. Dr. Francis J. Meyer, previously associated with the Huntingdon Research Center, appointed jointly with the School of Nursing as Assistant Professor of Pharmacology. Dr. Anthony S. Manoguerra, Jr., a graduate of the University of California at San Francisco, appointed Instructor in Pharmacy and Associate Director of the Maryland Drug Information Center.

Also, Edward T. Kelly, III, appointed Instructor in Pharmacy Administration and Dr. John B. Young from the faculty of the University of Michigan appointed Assistant Professor of Pharmacy.

Continuing Pharmaceutical Education University of Maryland School of Pharmacy 1972-1973

REGISTRATION APPLICATION B

| 1. SELECTED TOPICS IN COMMUNITY PHARMACY MANAGEMENT |
|---|
| January 21, 1973, UMBC Campus Fee \$10.00 |
| 2. SELECTED ASPECTS OF CLINICAL BIOCHEMISTRY: AN INTRODUCTION TO LABORATORY MEDICINE |
| Tuesday evenings, March 6 — April 24, 1973 Fee \$35.00 |
| 3. SELECTED TOPICS IN COMMUNITY PHARMACY MANAGEMENT |
| May 6, 1973 Salisbury, Md. Fee \$10.00 |
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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of August:

New Pharmacies

Peoples Service Drug Store, Inc. No. 54, W. E. Pannill, President; Landover Mall, Landover, Maryland 20785.

No Longer Operating As Pharmacies

Kellough's Professional Pharmacy, Elmer R. Kellough, Jr.; 501 Decatur Street, Cumberland, Maryland 21502.

Edison Pharmacy, Jerome A. Stiffman; 2914 East Oliver Street, Baltimore, Maryland 21213.

Timonium Pharmacy, Philip Vodenos; 2026 York Road, Timonium, Maryland 21093.

Central Drug Company, Samuel S. Blumson; 800 East Baltimore Street, Baltimore, Maryland 21202.

Changes of Ownership, Address

Princess Anne Pharmacy, C. G. Johnson, (Change of name and ownership); Somerset Avenue and Prince William Street, Princess Anne, Maryland 21853.

City Pharmacy, Inc., Albert M. Newman, President; 309 North Union Avenue, Havre de Grace, Maryland 21078.

Edmondson Pharmacy, David Barron, President; 2501 Edmondson Avenue, Baltimore, Maryland 21223.

Hexachlorophene Ban

Effective September 27, products containing more than 0.75% hexachlorophene may be dispensed only upon prescription. Those containing less than 0.75% will remain OTC until supplies are exhausted. Manufacturers in the future may use hexachlorophene in OTC products only as a preservative in potencies not to exceed 0.1%. Finally, baby powders containing more than 0.75% hexachlorophene are being recalled.

CHANGE OF ADDRESS

When you move-

Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date. APhA members—please include APhA number.

Thank you for your cooperation.

Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street

Ipecac Syrup

Federal legislation passed October 27, 1965, allows the sale of syrup of ipecac without prescription provided it is packaged in one ounce quantities and its label bears, in addition to other required label information, the following, in a prominent and conspicuous manner:

- 1. A statement conspicuously boxed and in red letters, to the effect: "For emergency use to cause vomiting in poisoning. Before using, call physician, the Poison Information Center (528-7592) or hospital emergency room immediately for advice."
- 2. A warning to the effect: "Warning—Keep out of reach of children. Do not use in unconscious persons. Ordinarily, this drug should NOT be used if Strychnine, corrosives such as alkalies (lye) and strong acids, or petroleum distillates such as kerosene, gasoline, coal oil, fuel oil, paint thinners or cleaning fluid have been ingested."
- 3. Usual dose—The dose for a child one year or older is one tablespoonful (15 milliliters) which may be repeated in 15 minutes, if vomiting has not occurred. The drug MUST be followed immediately by at least eight ounces (one full cup) of water.

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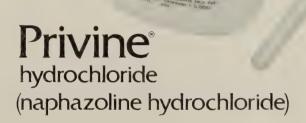
Your customers will appreciate the fast relief they'll get from Privine.

And now, you can do your profit picture a favor, too, by taking advantage of the 1972 Privine Offers. They're available September 1 through November 30,1972.

Privine Nasal Solution and Privine Nasal Spray. Fast acting. Fast selling. So stock up now!

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MPhA In Action Board of Trustees Meeting

NATHAN I. GRUZ, Executive Director

August 10, 1972

The following is a summary of actions taken at the August 10, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter from the Baltimore Area Council on Alcoholism expressing appreciation for MPhA assistance in distributing literature on alcoholism.
- —Noted receipt of letter from Smith Kline and French Laboratories presenting biovailability data on their "SK line" of products.
- —Noted receipt of copy of communication from NARD to Senator Burch Bayh outlining legislation to prohibit the mail order of drugs subject to drug abuse legislation.
- —Noted receipt of copy of communication from Mr. Charles Tregoe, Chief of the Division of Drug Control to Assistant Attorney General in response to letter of Executive Director Nathan I. Gruz concerning implementation of H.B. 1160—disclosure of information by drug manufacturers.
- —Heard President's report noting attendance at a number of meetings. The President urged greater support of the Pharmaceutical Services Foundation.
- -Accepted Treasurer's report.
- —The Executive Director reported on the Board of Pharmacy which at its last meeting discussed the professional experience program, the advertising law, the actions taken regarding violations, continuing education and supportive personnel. Noted attendance at annual MSHP meeting in Ocean City, BMPA and PHARM-PAC meetings. Reported on the Maryland Health Maintenance Committee which has been involved with a number of health maintenance organizations.

The Executive Director served as consultant to the Drug Abuse Authority and the state medical society committee in writing regulations implementing H.B. 89. Committees of the state legislative council are now active all year. Also held several conferences with Assistant Secretary of Health Dr. Tayback and visited possible future convention sites.

Also noted attendance at Affiliated State Pharmaceutical Association Executives meeting in Washington. Staff members of the Senate Finance Committee reviewed H.R. I. (National Health Insurance). Also discussed the organizational structure and national unity in pharmacy.

- —Agreed that the next convention should be held within ~50-mile radius of Baltimore.
- —Received the report of the Prescription Insurance Plans Committee. The committee met concerning Medicaid and established recommendations regarding temporary cards, automatic payment with reconciliation later and recommended the number of items requiring preauthorization be reduced. The following items were also discussed: fee for OTC drugs, copayment for the medically indigent, increase in fee, special forms for nursing home prescriptions, 30-day limit on drugs. A special committee, appointed by the Governor, has been charged with evaluating the high cost of Medicaid.

The Pharmacy Services Subcommittee of the Medical Assistance Advisory Committee has not been fully functional, receiving no referrals from the state. The Pharmaceutical Services Foundation of Maryland,

The Pharmaceutical Services Foundation of Maryland, Inc., has been very active. A general membership meeting is planned for September with "Standards of Practice" to be presented.

—School of Pharmacy: Dean Kinnard reported receiving 162 applications for the fall term, and 85 applicants were accepted for admission. Space in the Allied Health Professions Building will be used. Justification has been submitted for the new school building; an architect has been selected, and the groundbreaking is anticipated for the fall of 1974. Maryland is the only school of pharmacy in the country to receive a federal grant for minority students. A fulltime recruiter and counselor will be appointed. An analysis of the distribution of pharmaceutical services in the inner city will be undertaken. University of Maryland students scored higher on their Board examinations than those from other states.

Old Business

- —Constitution and By-laws: Coordination of the Constitution and By-laws of the MPhA and the MPhA House of Delegates into a single document was discussed. The Board of Trustees was asked to accept the proposed amendments regarding the adoption of the budget and appointment of the Executive Director which were submitted by several members. The proposal was referred back to the Committee for its recommendations.
- —Recognition of the Tri-County Pharmaceutical Association: MPhA will confer with representatives from the Eastern Shore Pharmaceutical Society and the BMPA to draw up guidelines for boundaries regarding the establishment of the new group.

New Members

The following is a list of the new members approved at the August 10, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association:

Barbara C. Barron, Rising Sun, pledge program J. Paul Davignon, Potomac, National Cancer Institute

David P. Dowling, Wilmington, Salisbury Drugs Lenka Homonnay-Preyer, Chevy Chase, pledge

Peter B. Idsvoog, Baltimore, pledge program
Douglas P. Johnson, Silver Spring, A.A.C.P.
David Knauer, Baltimore, Read's, pledge program
Mary L. McElwee, Cumberland, People's Drug Stores
Robert L. Perchalski, Gaithersburg, Drug Fair
Barry M. Poole, Greenbelt, pledge program
Charles Powell, Columbia, Lillich's Pharmacy
Dr. Christopher A. Rodowskas, Wheaton, A.A.C.P.
Ivan I. Rotkovitz, Baltimore, pledge program
Robert Stofberg, Baltimore, (Affiliate), Medical
Center Pharmacy

Ellen Mc. Suber, Salisbury, Salisbury Drugs

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Across the nation, through every promotional device we can use, we're telling it as it is about the only positive V.D. preventative and male contraceptive product...the condom. Through mass media advertising and national public relations programs we're making the community pharmacy the strongest weapon in the war on V.D.... and sending thousands of customers into pharmacies everywhere. We're the only major manufacturer of prophylactics who recommends the pharmacist in every ad we run.



Advertising
In 1969 Youngs ran the first prophylactic ad in a consumer publication. This year we will carry more than 485 million advertising impressions to people throughout the U.S. Also, millions of additional V.D. messages are being made by our buttons, matches and billboards.



V.D. Literature

Over 4 million Youngs informative Plain Talk About V.D. booklets have been distributed in pharmacies, high schools and clinics. Many other important educational items such as Youngs' "How to Use a Condom" pamphlet have also been gaining widespread distribution.



Counter Displays
Across the nation, we're telling it as it is about the only positive V.D. preventative and male contraceptive product...the condom. And... we're making the pharmacy the strongest weapon in the war on V.D....and creating new prophylactic users for pharmacies everywhere.



Publicity
Our continuing publicity program is attacking V.D. through radio, T.V., newspapers, magazines, telephone messages and seminars. It's done a tremendous job in educating young adults, teachers and parents on V.D. And—we've singled out the pharmacist as the best source for medically recommended products that aid in preventing V.D.

Youngs Drug Products Corporation

Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists

The Maryland Society of Hospital Pharmacists met at the Johns Hopkins Hospital on September 14, 1972. Mr. Joseph A. Oddis, Executive Director of the American Society of Hospital Pharmacists, was the evening speaker. Mr. Oddis provided an "update" on ASHP activities. It was announced that Mary W. Connelly will receive the Squibb Past President's Award.

President Normand A. Pelissier opened the business meeting and reports were presented by Dolores Ichniowski, Acting Secretary; Harry Hamet, Treasurer; John Motsko, 1973 Seminar Chairman; Kent Johnson, Program Co-Chairman; and Clarence Fortner, 1972 Seminar Chairman and MSHP representative to the Tripartite Committee. The 1973 Seminar will be held June 15-17 at the Diplomat Motor Hotel, Ocean City, Md. Samuel Lichter reported on group discount rates for the December Midyear Clinical Meeting of the ASHP in Las Vegas.

Appointments for 1972-1973 included: Ronald Telak, Editor of MSHP Newsletter; Sal LaVerde and Kent Johnson, Program Co-Chairmen; John M. Motsko, Seminar Chairman; Robert E. Snyder, Seminar Program Chairman; Arthur N. Riley, Seminar Financial Chairman; Marsha Fruchtbaum, Seminar Publicity Chairman; Charlotte B. Sholleck, Membership Committee Chairman; Commission on Goals, Dr. Peter P. Lamy, Chairman; and Nominations Committee, Samuel Lichter, Chairman.

R. David Anderson, Chairman of the ASHP House of Delegates, has received a request to call a special session of the House for consideration of deletion of the Society's Bylaw provision which requires members of ASHP to be members of APhA.

The following members recently joined the Society. Philip B. Miller, Staff Pharmacist, Mercy Hospital; George Brown, Maryland General Hospital; Jeffrey C. Hahn, Staff Pharmacist, Mercy Hospital; A. S. Ginaitis, Director of Pharmacy Services, Franklin Square Hospital; Charles G. Richardson, Chief Pharmacist, Prince Georges's Hospital; and John T. Jordan, Inpatient Supervisor, Veteran's Administration Hospital.

ASHP Announces New Bimonthly Journal

The American Society of Hospital Pharmacists is planning to release a new bimonthly journal, Pharmacy Practice and Technology: An annotated Bibliography, providing at least 1,000 orders are received by December, 1972. The proposed journal will include abstracts from the following sections of International Pharmaceutical Abstracts: Pharmaceutical Technology; Stability; Pharmacology; Institutional Pharmacy Practice; Pharmacy Practice; Legislation; Laws and Regulations; Information Processing and Literature; History; Pharmaceutical Education; and Sociology, Economics and Ethics.

The subscriber will receive six 40-page issues a year -five issues with abstracts plus individual indexes and one with abstracts plus a cumulative subject and author index for the year. This new journal promises to be an excellent way for pharmacists in all areas of practice to keep up with what has been published in the field. The annual subscription price is \$20.00 for ASHP members and \$40.00 for nonmembers. Order from ASHP, 4630 Montgomery Avenue, Washington, D.C. 20014.

Hospital Pharmacists Usually Select Brand of Drug Dispensed

According to a survey conducted by the American Society of Hospital Pharmacists, hospital pharmacists are usually responsible for selecting the specific brands of drug products dispensed. The survey included the three largest, nonfederal, general acute care hospitals in each state and the District of Columbia.

More than 97 per cent of the hospitals surveyed have a pharmacy and therapeutics (P&T) committee, and nearly 94 per cent of these committees "always" or "usually" delegate to the pharmacist the authority for selecting sources of supply (specific brands) of drugs. Seventy per cent of the P&T committees approve drugs for use in their institution by nonproprietary name rather than by trade name. In 85 per cent of the responding hospitals, pharmacists have the authority to dispense a brand of drug other than that prescribed when a trade name appears on a prescription or medication order.

Sixty-two per cent of the hospital pharmacies only stocked one brand of tetracycline capsules 250 mg. and about 74 per cent only stocked one brand of ampicillin capsules 250 mg. The 142 responding hospitals represent more than 91,000 beds or about 11 per cent of the total bed capacity of the country's 5,661 nonfederal, shortterm general hospitals.

ASHP Announces Topics For Mid-year Clinical Meetings

The Sahara Hotel in Las Vegas will be the site of ASHP's Seventh Annual Midyear Clinical Meeting, December 3-7, 1972. Always the continuing education highlight of the year for pharmacists practicing in hospitals and related institutions, the ASHP Midyear Clinical Meeting offers an unequaled opportunity for gaining an insight into the latest developments in institutional phar-

macy practices.

Two general sessions will focus on the topics, "Hospital-Based Health Services for Ambulatory Patients" and Supportive Personnel in the Health Professions." Another general session will cover three aspects of current drug therapy—treatment of hyperlipidemia, antihypertensive therapy, and drugs used in the control of venereal disease. A special feature of the 1972 Midyear Clinical Meeting will be a program on patient case studies.

The registration fee is \$60 for ASHP members, \$70 for nonmember pharmacists and \$25 for nonmember wives. Registration and hotel reservation information may be obtained by writing to the Director of Education and Training, ASHP, 4630 Montgomery Avenue, Washing-

ton, D. C. 20014.



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Baltimore Metropolitan Pharmaceutical Association

The Baltimore Metropolitan Pharmaceutical Association meeting of September 21, 1972 was held at the Towson Plaza Gardens in Towson Plaza. The program organized by program chairman Melvin N. Rubin was entitled "The Medicaid Prescription—from Patient Certification to Pharmacist Reimbursement." President Joseph U. Dorsch presented the opening remarks.

Participating on the panel were: Mr. Pasquale Panaggio, Assistant State Director for Administrative Services, Department of Social Services; Mr. Benjamin Holmes, Chief, Division of Adult Services, State Medical Care; Mr. Simeon Esquala, Section Chief, Edit and Control Unit, Data Processing Division, State Medical Care; Dr. Martin K. Gorten, Assistant Commissioner of Health, Baltimore City Health Department; and Mrs. Maude Harvey, Executive Assistant to the Director of Social Services, Baltimore City Health Department.

Also on the panel were: Mr. Lloyd A. Anderson, Assistant Director, Baltimore City Department of Social Services; Mr. Rufus McCrae, Supervisor, Baltimore City Department of Social Services; Mrs. Anna Nelson, Supervisor, Medical Care Services, Baltimore County; Miss Dorothy Gross, Clerk, Medical Assistance Unit, Baltimore County; Mr. Harry Bass, Chief, Division of Professional Care Programs, State Medical Care; and Mr. Thomas Thomas, Director of Fiscal Administration, State Medical Care.

Mr. Panaggio explained the differences in roles of the Social Services Division and the Health Department. The Social Services Division has an interviewing and certification function whereas payments are made by the State Health Department. Mr. Esquala noted that it takes an average of 31 working days for a plastic medical assistance card to be issued. However, Public Assistance clients are issued cards in about 21 working days. Mr. McCrae explained that a single person applying for medical care must have a monthly income of less than \$150. before taxes and assets of less than \$2,500. value. These figures would be higher if more than one person was dependent on the income.

Mr. Bass noted that payments for prescription invoices are now being mailed in 4 to 5 weeks after receipt. Over the past five years, Medical Assistance Program enrollees have increased from 245,000 in 1967 to 386,000 at present. It is estimated that there will be 425,000 recipients by July, 1973. Out of all services offered, pharmacy service is the most often used. However, only 12.2 million dollars was paid out last year for pharmacy services out of total payments of 147 million dollars for all services. Mr. Thomas explained that about 4 million bills are processed annually by his department. The error percentage for processing all claims has been reduced from 20 per cent to 4 per cent. The error percentage for prescription payments is now about 2.3 per cent.

The question and answer session that followed made it clear that one of the pharmacists' greatest problems has been with receiving payment on claims where the patient presented a temporary card when his prescription was filled. Mr. Thomas indicated that temporary cards may eventually be eliminated although other panel mem-

TAMPA News

The Annual Installation meeting of the Traveler's Auxiliary of the Maryland Pharmaceutical Association was held at the Phil Mar Inn on September 14, 1972. The invocation was given by William A. Pokorny and was followed by the pledge of allegiance to the flag. President Mahoney called upon his committee chairmen for their final reports, thanking them individually for their efforts during the past year and then discharged them from further duties.

Mr. Scott Grauel was then called upon to introduce and install the following men as officers of TAMPA for the 1972-1973 year. Arthur V. Hall, Honorary President; John C. Matheny, President; Abrian E. Bloom, 1st Vice President; C. Wilson Spilker, 2nd Vice President; John H. Fagan, 3rd Vice President; John A. Crozier, Secretary-Treasurer Emeritus; William A. Pokorny, Secretary-Treasurer; and William L. Nelson, Assistant Secretary-Treasurer.

The President's gavel was presented to John C. Matheny by out-going President Paul J. Mahoney. Mr. Mahoney received a Past President's Pin. Joseph Grubb, Honorary President for 1971-1972, also received an award.

Eastern Shore Pharmaceutical Society

The Eastern Shore Pharmaceutical Society held its annual crab feast on August 6 at Chambers Park in Federalsburg. The Fall Meeting was held at the Crown Inn, Easton, on November 5. The speaker, Dr. Thomas Sisca, spoke on the topic "The Practice of Clinical Pharmacy in the Community Drug Store."

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association's Executive Committee met at the home of Melvin Sollod on August 16. The agenda for the meeting included a review of the annual scholarship affair, the annual program book, the Metropolitan V.D. Campaign for October and plans for the September general meeting.

The September 21 meeting, held at Hillendale, Maryland, launched the Greater Metropolitan Area V.D. Awareness Campaign. Speakers included Arthur Thatcher, Head of V.D. Program, Prince Georges County Health Department and Arthur Brown, V.D. investigator, Montgomery County Health Department. A representative of R.A.P. (Regional Addiction Prevention) spoke briefly on the progress of this non profit drug free rehabilitation program in the Metropolitan Washington area. A business session followed.

bers expressed their opinion that this would not be possible.

Pharmacists who discover incidents of misrepresentation on the part of Medicaid card users should contact Mr. Arthur Bennett of the Medical Care Fraud Unit at 752-2000 extension 2918.

The meeting co-sponsor was Pfizer Laboratories.

The Maryland Pharmaceutical Foundation

"All our Past acclaims our Future"
—A. C. Swinburne

Purposes

The Maryland Pharmaceutical Foundation was incorporated in 1969 as a non-profit educational body under the patronage of the Maryland Pharmaceutical Association. The purposes of the Foundation are three:

- 1. To provide sponsorship and management for the B. Olive Cole Pharmacy Museum for the housing of pharmaceutical antiquities in the interests of preserving and teaching the history of Pharmacy in the State of Maryland.
- 2. To provide sponsorship for the Robert L. Swain Model Pharmacy in the University of Maryland School of Pharmacy for the better training of pharmacy students in the art and practice of Pharmacy.
- 3. To provide sponsorship and support of ancillary educational projects which will advance the cause of Pharmacy as a profession, including scholarship aid to students in the University of Maryland School of Pharmacy.

The current members of the Board of Trustees of the Foundation are:

Trustees

Samuel L. Fox, R.Ph., M.D., President Irving I. Cohen, R.Ph., Vice President Morris L. Cooper, R.Ph., Secretary Nathan I. Gruz, R.Ph., Asst. Secretary-Treasurer Mary Connelly, R.Ph. Joseph Kaufman, LL.B. William J. Kinnard, R.Ph., Ph.D. John C. Krantz, Jr., R.Ph., Ph.D. H. Nelson Warfield, R.Ph.

Honorary Trustees

B. Olive Cole, R.Ph., Phar.D. (deceased 1971) J. H. Fitzgerald Dunning, Ph.D.

Cole Pharmacy Museum

In 1953 the Maryland Pharmaceutical Association erected an authentic colonial brick headquarters building on the professional campus of the University of Maryland in Baltimore, immediately adjacent to the School of Pharmacy. This building was appropriately named after the illustrious late Dr. E. F. Kelly, a former dean of the School of Pharmacy and later Executive Secretary of the American Pharmaceutical Association. Housed within this building are the desk and other office appurtenances of the late Dr. Kelly.

In 1966 there was established within this building the B. Olive Cole Pharmacy Museum in honor of the beloved "first lady of Pharmacy in Maryland" whose professional life has been dedicated to the School of Pharmacy as teacher and dean, and to the work of the Maryland Pharmaceutical Association. A number of very valuable acquisitions are in imminent danger of suffering irreparable damage because funds are lacking in providing protective housing for them.

Two sizeable rooms are available for the Museum. Considerable costs will be entailed in the construction and installation of proper cases, lighting, seating, air conditioning etc. to create the necessary museum environment.

The larger room will be converted to a combined museum and lecture hall, and the adjacent smaller room will be converted to a typical old-fashioned pharmacy of the late 1800's. For this latter project, many of the fixtures and cases are in hand, but additional items must be acquired to complete the setting, and considerable remodeling of the room is required.

Swain Model Pharmacy

During the planning stages for the construction of Dunning Hall of the School of Pharmacy, the need for a model pharmacy within this building was recognized and space was provided for this purpose. In 1967 the Maryland Pharmaceutical Association undertook to sponsor this vital teaching project as a memorial to the late Dr. Robert L. Swain, whose activities in behalf of Pharmacy touched every practicing pharmacist in America for more than half a century.

This model pharmacy occupies 1100 sq. ft. of space and serves as a laboratory where every student in the School obtains practical experience in dispensing. It is well-equipped and modern in every detail.

The Swain Model Pharmacy stands as a living testament to the sincere interest of the pharmacists of Maryland in the future welfare of their profession.

The Maryland Pharmaceutical Foundation has adopted the Swain Model Pharmacy as a project for its continuing support.

The Goals

The professional campus of the University of Maryland is immediately adjacent to the Inner Harbor Rehabilitation Project which is rapidly re-shaping the inner core of Baltimore. In addition, such historic sites as the grave of Edgar Allan Poe, the home of the late H. L. Mencken, the B & O Railroad Museum and Davidge Hall of the Medical School are all adjacent to the Kelly building. When completed, there will be an array of early American history spanning a several mile radius beginning in the east and encompassing the Flag House, the Shot Tower, the Friends Meeting House, the Peale Museum, Fort McHenry, the Emerson Tower building and the previously named historic sites and buildings to the west. The Kelly Memorial Building housing the Cole Pharmacy Museum must take its rightful place among these historic shrines of our American heritage.

Maryland's contributions to American Pharmacy are notable for the famous sons and daughters it has contributed to the profession, for the very early establishment of the School of Pharmacy, and for the long history of professional accomplishments of its pharmacists. These very accomplishments create the obligation to preserve our heritage and to teach present generations about our past. To do less would be to foreclose the future of Pharmacy as a profession.

Once construction is completed it is planned to have the Museum open to the public during stated hours; to provide a lecture series annually on the history of Pharmacy; and to make it available to students as part of their learning experience.

In addition, additional artifacts will need to be acquired and housed. We envision a voluntary corps of workers who will serve as guides, as curator-assistants and for much of the detail. In order to meet the future financial needs, it is planned to establish a nominal sponsoring membership in the Foundation at a future date.

An Appeal

In order to accomplish these goals and purposes, it will be necessary as a first step to conduct a successful campaign for financial support of the projects.

We are therefore appealing to all friends of Pharmacy for financial contributions at this time. Our immediate goal is for \$150,000.

All contributions will be welcomed and are needed. Generous commitments on the part of the entire profession and its friends will be necessary to achieve these goals.

Contributions may also be made in the form of pledges to be paid over a three year period. All contributions to the Maryland Pharmaceutical Foundation are deductible from Federal and State income taxes under the provisions of the tax laws for educational institutions.

PLEASE — GIVE NOW — AND GENEROUSLY

All checks should be made payable to:

Maryland Pharmaceutical Foundation, Inc. 650 W. Lombard Street Baltimore, Maryland 21201

Book on Unit-Dose Available

Unit Dose Drug Distribution Systems is the name of a comprehensive collection of material on unit-dose compiled both from the pages of past issues of the American Journal of Hospital Pharmacy and previously unpublished material.

The book is organized into seven sections: A Review of Drug Distribution Systems, Pioneering the Unit-Dose Concept, The Unit-Dose Package, Evaluating the Unit-Dose Concept, Planning and Initiating a Unit-Dose Distribution System, Health Care Facilities with Unit-Dose Drug Distribution Systems, and an Annotated Bibliography of Unit-Dose Systems.

The cost is \$12.50. Reservations should not include any remittance—a bill will be sent upon shipment. Write to the American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Washington, D.C. 20014.

Sonnedecker to Receive 1972 Remington Medal

Glenn Sonnedecker, Ph.D., has been named the recipient of the 1972 Remington Honor Medal of the American Pharmaceutical Association, one of the highest awards in pharmacy, according to an announcement by Dr. Arthur G. Zupko, Secretary, Remington Medal Committee.

Dr. Sonnedecker becomes the 46th Remington Medallist chosen since the award was conceived in 1918 by the late Hugo H. Schaefer in memory of Joseph P. Remington. The judging committee consists of APhA Past Presidents, and the award is made on the basis of individual service to American pharmacy.

In announcing Dr. Sonnedecker's selection, Dr. Zupko noted that he "has been actively interested in the history of pharmacy for three decades and because of his signal leadership in preserving the history of pharmacy a multitude of pharmacy students in the past, present, and in the future will have a greater appreciation of their profession. In carrying on the work of Dr. George Urdang and the American Institute of the History of Pharmacy, Dr. Sonnedecker has raised the Institute to new heights of international prestige and professional value. In combining the careers of pharmacy historian and pharmacy professor, Dr. Sonnedecker has served uniquely as a guardian of the best of the past and a teacher of young people who will make history in the future."

Dr. Sonnedecker is Executive Director of the American Institute of the History of Pharmacy and Professor at the School of Pharmacy of the University of Wisconsin. His specialty is the history of pharmacy and materia medica, especially European and American pharmacy from the 18th century. He is a former editor of the Journal of the American Pharmaceutical Association. He was responsible for revision and publication in 1963 of Kremers and Urdang's "History of Pharmacy."

Presentation will be made December 12, 1972, at the Remington Medal Dinner in the Statler Hilton Hotel, New York City. The New York Chapter of the APhA sponsors the award.

A.Z.O. News

Kappa Chapter of Alpha Zeta Omega Pharmaceutical Fraternity held its August 9 meeting at the home of Directorum Henry Leikach where a report of the national convention was presented. On August 13, a Crab Feast was held at Overlea Hall. A regular business meeting was held on September 27 at Migan's Randallwood Inn.

In The News . . .

DAVID H. EISENBERG has been promoted to Director of Sales for Peoples Drug Stores, Inc., where he will be responsible for product pricing, and special merchandise promotions.

The only thing worse than being ill, is being bored

The cold and flu weather is on its way.

And most people can put up with the sneezing and coughing.

But finding something to do during all those hours in bed, that's a real pain.

A person can only stand those game shows and soap operas for so long, before all they want to do is lay back with something good to read.

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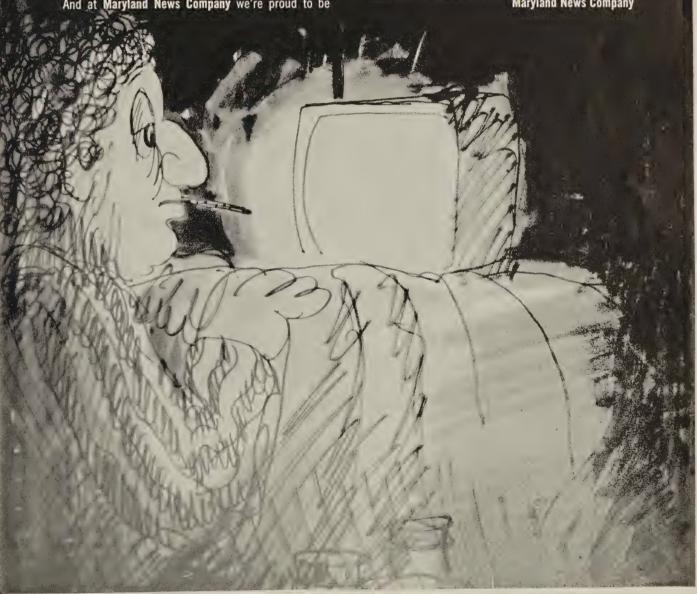
The mathematics are quite simply: for an initial outlay of \$100 you can expect a return of \$127 within thirty days. And any unsold copies are returnable for full credit.

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Maryland News Company



American Pharmaceutical Association Statement on USP-NF Merger Negotiations

The American Pharmaceutical Association is deeply disappointed by the decision of the United States Pharmacopeial Convention (USPC) Board of Trustees to reject the formal proposal for the merger of the United States Pharmacopeia (USP) and the National Formulary (NF) into a single compendium of drug standards and specifications. It issued the following statement:

"The changing nature of drug standardization and regulation during recent years has made it evident that the current needs of society—as well as that of the health professions, the government, and the drug industry—call for a more efficient, effective, and responsive mechanism in developing public standards for drugs and dosage forms. Recognition of this led to a series of conferences between APhA and USPC officials in 1967 for the purpose of exploring the possibility of merging these two official compendia. The immediate pressure of completing the revisions of the compendia then in process prevented detailed exploration of possible merger at that time, but the conferences did serve to provide a preliminary basis for further exploration.

"Moreover, press reports of these discussions stimulated widespread interest within the health professions generally, and particularly within pharmacy and medicine. Such a ground swell of interest was especially evident during the regional conferences sponsored by the USPC in 1969 and in the resolution adopted by the delegates to the 1970 USP Convention. This mandate specifically directed the USPC "to coordinate the activities and programs of the United States Pharmacopeia and the National Formulary, and to explore the advantages and feasibility of unification of these activities and programs with the objective of producing a single compendium of standards and tests for official drugs and dosage forms."

"Immediately afterwards, the USPC and the APhA appointed a Joint Ad Hoc Committee to explore routes whereby USP/NF unification might be achieved. The joint committee announced in July 1970 that "an agreement had been reached to develop a master plan for a cooperative venture between USP and NF."

"During the ensuing two years, numerous conferences and discussions were held by the Joint Ad Hoc Committee as well as by the respective staffs in an effort to delineate a mutually satisfactory organizational structure for the purpose of achieving the intended objective of preparing and producing a merged, single compendium. Eventually, following considerable detailed discussion, a formal document was drawn up describing "a single compendial organization to be established as a new corporation sponsored by the USPC and APhA as a joint venture." This master plan was developed only after extensive review and revision, and it required compromise and concession on the part of both organizations represented on the joint Ad Hoc Committee. This document, along with an accompanying interpretive background document, was approved and signed on May 25, 1972 by two officers from each of the two organizations.

"As agreed upon by these officers at their May 25 meeting, the approved documents were presented to the

APhA Board of Trustees Executive Committee for its review and consideration during its meeting on June 10. The action of the APhA Board of Trustees Executive Committee was favorable and this group formally went on record as recommending approval of the merger proposal by the full APhA Board of Trustees during the Board's next scheduled meeting on July 11-12, and the USPC was so notified.

"As the next step in the anticipated ratification, the merger proposal was then presented to the USPC Board of Trustees for its review and approval at a special meeting of the Board called for this purpose on June 30. Subsequently, however, the APhA was officially notified that the USPC Board of Trustees "formally reviewed and voted disapproval of creation of a new organization to operate the USP and NF" as spelled out by the representatives of the two organizations. The communication from the USPC also indicated that the action taken by its Board "was considered to end the talks of outright merger," although the USPC Board went on to indicate that continued cooperation between the two organizations should be pursued in any operating matters of mutual interest concerning the compendia.

"The APhA is perplexed by the decision of the USPC Board in rejecting the proposal to merge and unify the compendia. At the same time, APhA wishes to commend USPC President John H. Moyer and USPC Executive Director William M. Heller for their extensive efforts toward development of the merger proposal, although the APhA is dismayed that the merger proposal which these officials approved on behalf of the USPC was subsequently rejected by the USPC Board of Trustees."

Tablet Control System Licensed by Upjohn

A unique electronic system developed by The Upjohn Company for more precise automatic control of drug tablet weight will now be generally available to the pharmaceutical, engineering, ceramic, candy and other industries where precise weight control is vital to product quality.

Called TPM/S (Tablet Pressure Monitor Servo-Control) the system is currently used on a number of pharmaceutical tableting machines at The Upjohn Company to automatically assure that each tablet meets strict, preset weight standards. When weight standards are maintained, other standards, such as hardness, friability, disintegration and dissolution rates are more easily and precisely attained.

Consisting of a sensing system, an electronic control system, and a weight control system, the TPM/S continuously monitors the weight of tablets as they are produced on high speed rotary tablet presses. In addition, the unit automatically initiates corrective action when tablet weights deviate from pre-set limits. Should an out-of-bounds condition persist, the system will sound an alarm or stop the tablet press.

Biomedical Data Available Via Satellite

Dr. Martin M. Cummings, Director of the National Library of Medicine, of the National Institutes of Health, has announced the successful querying via satellite of a computer-based store of biomedical information.

"This demonstration was made possible by the pulling together of three existing, innovative programs, and it has the potential for practical application in bringing biomedical information to remote areas," Doctor Cummings said.

The three NLM programs on which the experiment was based are the MEDLINE service, which provides online interactive search of a computer-based store of over 400,000 citations to current biomedical literature; a national data communications network linking the MEDLINE data base to user terminals that can be reached by a local telephone call in over 35 cities in the U.S. (users elsewhere pay long-distance telephone charges to the nearest of these cities); and the application of NASA's ATS-1 satellite to the regular transmission of biomedical information, sponsored by the Library's Lister Hill National Center of Biomedical Communications.

From a terminal at Stanford University, a message was sent by Mr. Peter Stangl, Stanford University Librarian, to the satellite requesting a search on the subject, "Vision Disorders in Newborn Infants." The query was received by the satellite and sent to the University of Washington, Seattle, then into the data communications network, and thus to the computer.

In answering the query, the flow was reversed, the computer sending the needed information via satellite, to Stanford. Fifty-two citations were retrieved to answer the query.

The satellite is presently being used by the Library to provide voice communication between medical centers in Alaska and outlying posts manned by native health aides. Phone lines on land do not exist, and regular radio transmission is highly unpredictable and uncertain because of atmospheric conditions.

Doctor Cummings noted that the timely provision of biomedical information to practitioners is of vital importance to the delivery of quality medical care. "where resources are scarce," he noted, "and where communication is difficult, we must use all the advantages modern science and technology can provide us."

Twelfth Edition of Merck Manual Released

The Merck Manual, a handbook for physicians and other professional personnel in the health field around the world, initially published 73 years ago, is now in its Twelfth Edition.

A complete volume of diagnosis and treatment of virtually all generally encountered diseases, it is believed to be the most widely-used medical textbook of its kind in the world. It is indexed with thumb-tabs and contains almost 2,000 pages, divided into 25 main sections and 351 principal chapters. Yet, through the use of a special bible paper, the Manual, containing some 110 more pages than the last edition, is still handbook size.

With this new edition, the Manual was extensively revised and features several new subjects, an expanded index and more tabular and illustrative material than preceding editions.

More than 400 prescription drugs are listed in the new edition, which incorporates current general therapeutic practices as well as special procedures and routines.

The Manual is published by the Merck Sharp & Dohme Research Laboratories, a division of Merck & Co., Inc., Rahway, N. J., a health products firm. According to the company, the book is published to extend the company's range of service to physicians and their professional colleagues, rather than for profit.

The Twelfth Edition is printed on bible paper, with a dark blue, gold stamped, hard-cover binding.

Physicians and members of allied professions may order through their medical book dealers or directly from Merck & Co., Inc., Publications Department, Rahway, N.J. 07065. The U.S. selling price for the regular binding is \$8.00. A deluxe binding is also offered at \$10.40, as well as a specially priced binding for students and nurses, residents and interns at \$6.40 per copy.

Aspirin Containing Preparations

The following list, reprinted from the A.Z.O. Kappa Bulletin of September, 1972, is a partial list of aspirin containing preparations which require child resistant containers.

| ASA |] |
|-------------------|-----|
| ASA WITH CODEINE |] |
| ASA COMPOUND |] |
| APC |] |
| PAC |] |
| ASCRIPTIN |] |
| CEPHALAGESIC |] |
| CODEMPIRAL | |
| CORICIDIN | |
| DARVON COMPOUNDS | - 4 |
| DARVON ASA | - 1 |
| DARVON N ASA | - 1 |
| DARVO-TRAN | , |
| DECAGESIC | - 1 |
| DELENAR | |
| ECOTRIN | |
| EDRISAL | |
| EMPIRIN COMPOUNDS | |

EMPRAZIL EQUAGESIC FIORINALS FORTRIN **MEDAPRIN** NORGESIC PERSISTIN PHENAPHENS ROBAXISALS SERTEC M SIGMAGEN SYNALGOS AND DC TRIAMINCIN ZACTIRIN COMPOUND PERCODAN PERCODAN DEMI DEMEROL APC DAPRISAL

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WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

Medical Deductions:

Treatment of Narcotics Addicts

May a taxpayer deduct from his income tax the cost of maintaining, feeding and lodging a dependent in a therapeutic center for drug addicts? The Internal Revenue Service has ruled that such payments are deductible from the taxpayer's income tax.

The Internal Revenue Code permits a tax deduction within specified limits for medical expenses incurred by a taxpayer, his wife or his dependents if the expenses have not been paid for by an insurance or similar plan. The regulations implementing the medical deduction section of the Internal Revenue Code provide that if a taxpayer, his wife or dependent, is institutionalized to obtain medical care, and meals and lodging are furnished as a necessary incident to proper medical treatment, the entire cost of medical treatment, including the meals and lodging, constitute a medical care expense.

Citing a 1925 United States Supreme Court case which held that persons addicted to narcotics "are diseased and proper subjects for (medical) treatment," the Internal Revenue Service concluded that "amounts actually paid by a taxpayer to maintain his dependent in a therapeutic center for drug addicts, including the cost of the dependent's meals and lodging, if they were furnished as a necessary incident to his medical treatment" are properly deductible as a medical expense.

This information will be useful to pharmacists engaged in drug abuse education and related activities.

Naloxone May Be Ideal Agent To Combat Drug Abuse

Current studies of the narcotic antagonist naloxone suggest that it may be the ideal agent for combatting the abuse of legitimate drugs, Dr. Irwin J. Pachter said recently in a speech before a science writers' seminar held at Rockefeller University.

Dr. Pachter, vice-president of research at Bristol Laboratories, explained that the addition of naloxone to various pharmaceutical preparations does not affect the desired therapeutic effect of a drug if it is taken orally in prescribed doses. However, if a drug is processed for attempted abuse by injection the naloxone acts to block the narcotic effect of the drug, and its use can cause addicts to experience feelings of withdrawal.

Methadone tablets containing naloxone act in a similar fashion when processed for injection, Dr. Pachter said. The addition of a minute amount of naloxone to methadone tablets should be of value in preventing the intravenous use of methadone by street addicts.

Studies of the potential role of naloxone-containing drugs for the prevention of intravenous drug abuse are now being conducted by Bristol Laboratories and by the United States Addiction Research Center in Lexington, Kentucky.

Rubber "C" stamps and red inked pads are still available from MPhA office at \$1.00 for each item. Check should accompany order.

Iodochlorhydroxyquin And Travelers' Diarrhea

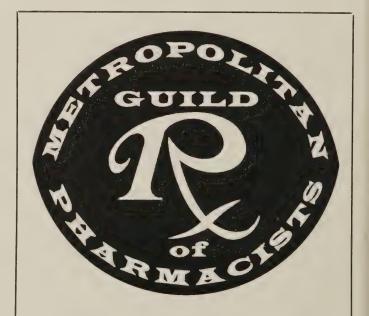
The Food and Drug Administration recommends that iodochlorhydroxyquin (Entero-Vioform) not be given to prevent "travelers' diarrhea."

FDA's conclusion is based on recent findings in Japan, Australia and Sweden implicating iodochlorhydroxyquin as the cause of a frequently severe neurologic complex, subacute myleo-optic neuropathy (SMON). Evidence is not yet available to confirm this association, but it appears that too-long-continued dosing with iodochlorhydroxyquin may be a major factor in SMON.

There is no acceptable evidence that other halogenated hydroxyquinolines, chiniofon and diiodohydroxyquinoline (Diodoquin), are effective in the treatment or prevention of "travelers' diarrhea."

Travelers to areas where hygiene and sanitation are poor may be able to prevent diarrhea by eating only recently peeled or thoroughly cooked foods, and by drinking only boiled or bottled water, bottled carbonated soft drinks, beer or wine. Tap water used for brushing teeth or for ice in drinks may be a source of infection. The cause of the diarrhea is uncertain.

Most tropical disease specialists believe iodochlorhydroxyquin is ineffective for "travelers' diarrhea." Labeling of the product cites only intestinal amebiasis as an indication.



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Speaker's Bureau

The Maryland Pharmaceutical Association is receiving an increasing number of requests for speakers on such topics as: Drug Abuse, V.D. Prevention, Poison Prevention, Use of OTC Drugs, Pharmacy as a Career, the Role and Function of the pharmacist as a Health Practitioner, and others. Contact the MPhA office if you wish to participate in the Speakers' Bureau.

Continuing Education Program

The Delaware Pharmaceutical Association and the Philadelphia College of Pharmacy are co-sponsoring a continuing education series beginning Tuesday, January 9 from 6:00 to 9:00 p.m. and running for 12 weeks. Registration fee is \$100. As space is limited, you are advised to contact immediately: Kathleen McGee, 716 Philadelphia Pike, Wilmington, Delaware 19809.

CLASSIFIED ADS

As a service to MPhA members, we offer a free classified ad service. Maximum number of words permitted under this free service is 25.

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Obituaries

William J. Maczis, Sr.

William J. Maczis, Sr., 66, a 1926 graduate of the University of Maryland, School of Pharmacy, died on September 3. He held membership in the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association, and was active in Boy Scout and Red Cross groups in the Arbutus area.

Joseph L. Okrasinski

Joseph L. Okrasinski, 56, who for the last 22 years owned and managed the Okrasinski Pharmacy on South Broadway, died on September 27. He graduated from the University of Maryland School of Pharmacy in 1939. He served on the Executive Committee and was a former Vice President of the Maryland Pharmaceutical Association. He also held membership in the Baltimore Metropolitan Pharmaceutical Association and the Polish-American Professional Association.

Arthur Nattans. Sr.

Arthur Nattans, Sr., 79, former chairman of the board of the Read's drugstore chain, died on September 24 at his home in Boca Raton, Florida. He began his career with Read's, then a single drugstore owned by his father, at the age of 16. He left Read's seven years later to up his own drugstore business but returned to the larger company in 1931. He quickly rose from the position of assistant treasurer to the post of general manager in 1940. In 1961 he became chairman of the board of directors, a position which he held until his retirement in 1969. Mr. Nattans was also a past director of the Baltimore Retail Merchants Association and a director of the National Association of Chain Drugstores.

Myer Bronstein

Myer Bronstein, 39, a 1957 graduate of the University of Maryland, School of Pharmacy, died on September 29. He was a former member of the Maryland Pharmaceutical Association and held membership in the Maryland Society of Hospital Pharmacists and the Beth Israel Men's Club.

Dr. William H. Hunt, Sr.

Dr. William H. Hunt, Sr., 62, died in Chesterfield, Maryland on August 29. He graduated from the University of Maryland, School of Pharmacy in 1931.

C. Emmerich Mears

C. Emmerich Mears, 78, owner of White & Co. and former member of the Board of Directors of the Noxell Corporation, died on September 17.

John A. Yeager

John A. Yeager, 79, retired pharmaceutical products buyer with the Henry B. Gilpin Company for close to 50 years, died on October 3 at Baltimore City Hospitals.

John Loftus

John Loftus, 60, a 1934 graduate of the University of Maryland, School of Pharmacy, died on August 21 after a long illness.

Harry Herman Eisenberg

Harry H. Eisenberg, 65, died on September 7. He became registered by reciprocity in Maryland in 1936.



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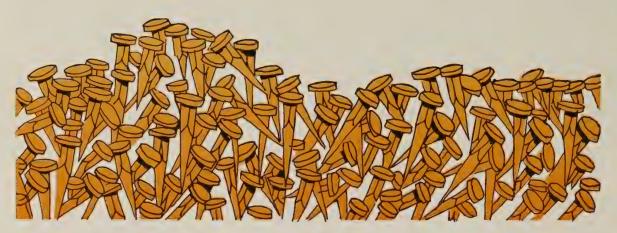


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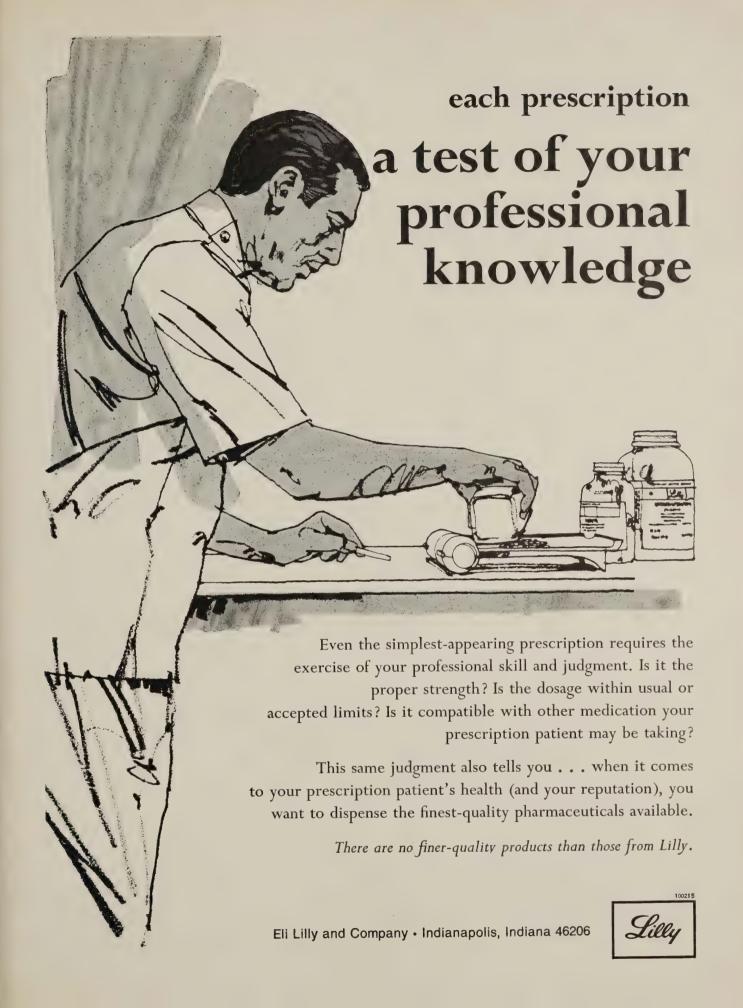
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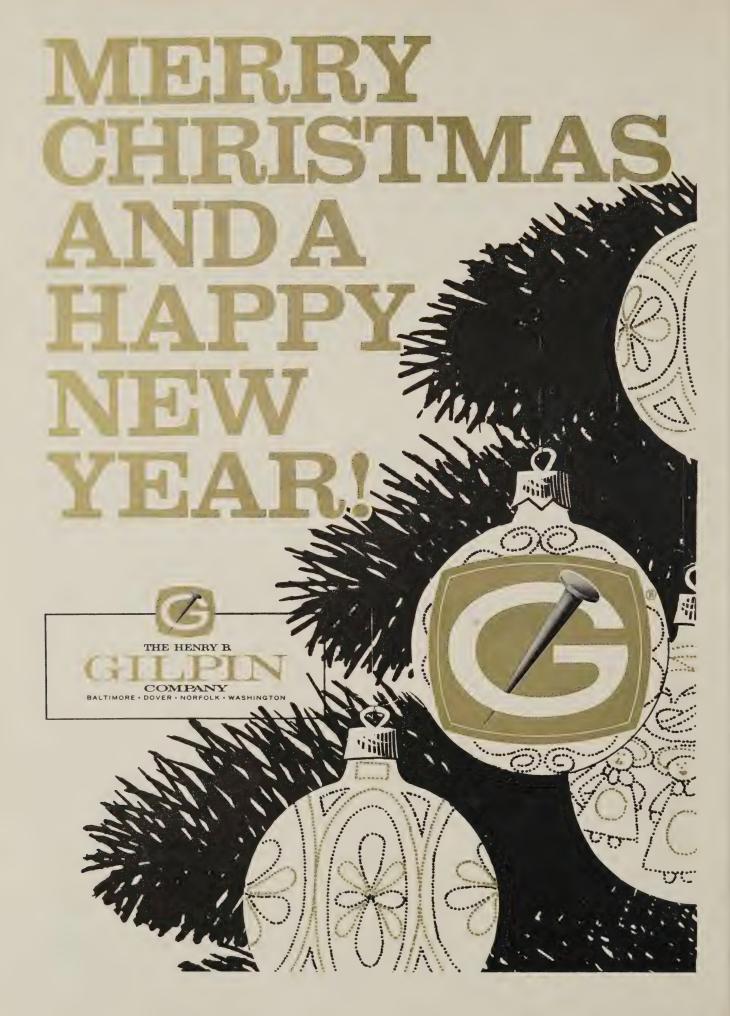
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The Maryland Pharmacist

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Editorial . . .

The Patient Drug Profile – An Essential To Health Care Service

During the past decade a growing number of pharmacists have instituted the use of patient medication records in their pharmacy practice. These records, often referred to as "drug histories" or "drug profiles," constitute a system based on an alphabetical file describing the clientele of a pharmacy. Some pharmacists maintain these record cards by family, some for each individual. The medication record contains a chronological listing of the prescription medication received by a patient. Most important is the incorporation of such information as drug allergies and sensitivities and important disease entities such as diabetes, hypertension and glaucoma. In some pharmacies non-prescription medication is also recorded. Some pharmacists use an interview form to elicit pertinent medical history data from prescription clients.

The pharmacist who properly keeps and effectively implements patient drug profiles is in a position to advise prescribers and counsel patients to help assure rational drug therapy, as well as understanding and adherance to instructions by patients. This kind of pharmacy practice is predicated upon the practicing pharmacist maintaining a current state of knowledge in pharmacology and drug interactions. He must develop and retain professional competency in the emerging "clinical" role of the profession. Perhaps "clinical pharmacy" is really a kind of sophisticated modern adaptation of the relationship many community pharmacists have with their patrons in the traditional neighborhood pharmacy.

At any rate, an MPhA survey this year indicated that more than 50% of the respondents now maintain drug profiles. Many of these pharmacists have testified to the benefits derived from this practice. Preventing injury and possible fatal consequences are reasons enough. Efficiency and speed in locating a prescription for renewal when the original container is lost, and access to the drug history in advising physicians as to the drug therapy regimen of a patient is important, particularly when the patient is under the care of several physicians. One could cite many more examples.

In 1967, a definition of what constitutes "the practice of pharmacy" was for the first time incorporated into The Maryland Pharmacy Law. This proposal, sponsored by the Maryland Pharmaceutical Association, states:

"The practice of pharmacy is the practice that is concerned with the art and science of preparing, compounding and dispensing of drugs, medicines and devices used in the diagnosis, treatments, or prevention of disease, whether compounded or dispensed on the prescription of a medical practitioner, or otherwise legally dispensed or sold, and shall include the proper and safe storage and distribution of drugs, the maintenance of proper records, therefor, and the responsibility of providing information, as required, concerning such drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease." Section 250(a), Article 43, Annotated Code of Maryland. (Italics ours).

Certainly we can and must conclude that the keeping and use of patient drugs profiles fall under "the practice of pharmacy."

The patient "drug profile" is essential in achieving the best possible health care for patients today.

Can pharmacy really be practiced properly any longer without this system?

Can the present-day five or six year educational requirement for pharmacist licensure be justified much longer without the pharmacist's involvement with the physician and patient in the nature of the drug product prescribed and in the consequences of the drug products dispensed?

Most pharmacists committed to personal patient oriented pharmaceutical service are already carrying out this professional function. We trust the remaining pharmacists will voluntarily make the practice universal.

-Nathan I. Gruz

PHARMACY CALENDAR

January 28 (Sunday)—Baltimore Metropolitan Pharmaceutical Association Installation Banquet, Bluecrest North.

July 21-27—American Pharmaceutical Association Annual Meeting, Boston, Massachusetts.



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MPhA In Action Board of Trustees Meeting

NATHAN I. GRUZ, Executive Director

September 14, 1972

The following is a summary of actions taken at the September 14, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter from APhA Academy of General Practice pointing out that evaluation of workshop at MPhA Convention indicated the program was well received and rated worthwhile by attendees.
- —Noted communication from the U.S.P. requesting MPhA participation in a drug product defect reporting program.
- —Noted receipt of letters requesting reprints of the Maryland Pharmacist issue on the Professional Experience Program at the School of Pharmacy.
- —Noted communication from State Medical Assistance Program regarding regular meetings with representatives from MPhA.
- —Approved President's report which noted that the Pharmaceutical Services Foundation, the result of MPhA's long interest in third party programs, was in operation. Other committees, particularly the Legislative and Tri-Partite, are active. The President noted attendance at Board of Pharmacy meeting, suggested MPhA participate in the Kidney Foundation Organ Donor Program and commended Paul Freiman for his activities involving Drug Product Selection law and for his part in the Sunpapers article on declining prescription drug prices.
- —Approved Treasurer's report.
- —The Executive Director reported on the extensive activities involved in launching the Pharmaceutical Services Foundation. The Legislative Council and its committees have been working all summer and have required continuous attention. The Tri-Partite Committee met concerning possible pharmacy legislation. Mr. Freiman received extensive publicity favorable to MPhA in the Sun and on TV.
 - The Executive Director testified before the legislature's Budget and Audit Committee on salaries for the Maryland Board of Pharmacy members, attended the meeting of the Maryland Health Maintenance Committee, and met with Drug Information Center personnel concerning the role of pharmacists. The Maryland Society of Hospital Pharmacists has created a Commission on Goals for Hospital Pharmacy and has contacted various groups throughout the country for their position on relations of the state pharmaceutical associations with state groups of hospital pharmacists.
 - Received request from the H.E.W. Bureau of Narcotics and Dangerous Drugs for input on the impact of the drug problem on the pharmacy profession.
- —Heard report from post-convention trip chairman and representative of travel agency on Fall trip. It was decided to cancel the trip to Israel.

- —Received Convention Committee report on possible sites for 1973 Convention. The Board reaffirmed decision on holding 1973 Convention in the Baltimore area. The Board approved an investigation of a trip to Spain in May 1973.
- —Heard Legislative Committee report noting that Paul Freiman, Chairman, has been appointed MPhA representative to the Health Department Formulary Committee. The committee, which includes pharmacologists, will review the present Medicaid drug list.
- —Received Membership Committee report noting an increase to date of 90 members over same date last year.
- —Heard School of Pharmacy report. The Dean spoke of the questionnaire on hospital pharmacy practices sent out by the State Medical Society. Also discussed the role of pharmacy technicians. Expressed the need for Legislative Committee to set up a joint practices committee with the State Medical Society made up of representatives from all of the health professions.
- —Received Board of Pharmacy report. The Secretary of the Board announced that the Board was conducting a survey on pharmacy technicians and error potentials.
- —Received report on Continuing Education Program of the School of Pharmacy.
- —Received the Prescription Insurance Plans Committee report on Medicaid and third party payment plans survey. The full survey results will be published.
- —Authorized purchase of an IBM typewriter with optical scanning device.
- —Reaffirmed MPhA position on Tri-Partite Committee composition consisting of Board of Pharmacy, School of Pharmacy and the Maryland Pharmaceutical Association.
- —Authorized appointment of delegates to NARD meeting by President and Executive Director.
- —Authorized President and Executive Director to attend Special Meeting of APhA House of Delegates as delegates representing MPhA.

New Members

The following is a list of the new members approved at the September 14, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association:

Manuel Highkin, Baltimore, Stemmer's Run Pharmacy John M. Motsko, Baltimore, Mercy Hospital Irvin Myers, Baltimore, State Department of Health Dr. Van Sim, Bel Air, Edgewood Arsenal George A. Stevenson, Bethesda, Upjohn Company



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Pharmaceutical Services Foundation of Maryland

Synopsis of The First Membership Meeting

The first membership meeting of PSF was held on September 14, 1972, in Baltimore. This report presents a brief summary of that meeting. Copies of complete minutes and committee reports, as well as of the By-Laws and Standards of Practice, are available from the Foundation office.

Keynote Address: Dr. Christopher A. Rodowskas Jr., Director, Pharmacy Manpower Project, American Association of Colleges of Pharmacy, discussed developments of third-party programs in the country and described the four major elements of a health maintenance organization:

- 1. An organized health care delivery system;
- 2. An enrolled population;
- 3. A financial plan including an agreed-upon benefits package paid for on a pre-paid per-capita basis; and
- 4. A managing organization to assure responsible administration of the plan.

President's Report: Morris Bookoff outlined the activities of the Board of Trustees over the past few months and explained the concept of the Foundation as a mechanism for providing pharmaceutical services to HMO's, unions, government agencies and other third-party programs while retaining professional control and integrity. He thanked Nathan I. Gruz and the Maryland Pharmaceutical Association, Dean William J. Kinnard Jr., the University of Maryland School of Pharmacy, and Ralph Engel and the National Pharmacy Insurance Council for their essential assistance and support in the development of PSF.

By-Laws: The By-Laws were adopted as presented. The membership defeated proposed amendments that would have changed voting privileges and changed membership requirements.

Standards of Practice: The membership adopted Standards of Practice which would require, when negotiated, free choice of Pharmacy, patient consultation, and patient record systems.

Peer Review: The Pharmacy Services Evaluation Committee was established to deal with drug utilization review and peer review. Membership will include not only practicing pharmacists but also patients, physicians, and administrators.

Administrative Procedures: PSF has been working closely with Manco Industries, Inc., computer systems consultants, and the National Pharmacy Insurance Council to develop an automated records system for reimbursement, management control, and peer review functions. Manco, Inc. is providing developmental services as a pilot program to PSF at no charge.

Membership: As of this date, the applications of 149 pharmacies have been approved for membership by sign-

ing a participating membership agreement. The Board of Trustees of PSF has set October 20, 1972, as the final date on which applications for membership may be made at the \$25 rate; thereafter, this fee will be \$50. Applicants who have sent in their \$25 previously but who have not filed signed participating membership agreements by October 20 will be required to re-enroll and submit an additional \$25.

Ways and Means: The membership approved a projected six months budget of \$16,150. This includes provisions for the services of a part-time temporary executive director, the recruitment and training of a full-time executive director, office staff and supplies, and legal and other fees. The membership unanimously approved an assessment of \$160 for each enrolled pharmacy to be paid by October 20. The successful operation of PSF will result in its becoming self-supporting.

Election of the Board of Trustees: Unanimously elected to terms on the Board of Trustees were the following (term expires in the year specified):

Morris Bookoff (1975)

Patrick Broohhart (1974)

Gerald N. Freedenberg (1974)

David A. Knapp (1973)

John R. McHugh (1973)

Mrs. Ruddell Martin (1975)

Richard D. Parker (1975)

Ralph T. Quarles (1974)

Gary Taylor (1973)

Sheila West (1974)

The Board subsequently elected Leon E. Kassel, M.D. (1973) to fill the seat vacated by the resignation of Dr. John F. Schaefer.

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Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street

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Maryland Board of Pharmacy News

Pharmacy Changes

New Pharmacies

The following are the pharmacy changes for the

month of September:

Dart Drug Corporation, Silver Hill, Herbert H. Haft, President: 5820 Silver Hill Road, Suitland, Maryland

Burris and Kemp, Joseph Loetell, President; 32nd

and Alameda, Baltimore, Maryland 21218.

Parkside Pharmacy, Harold L. Cooper, President; 7800 York Road, Baltimore, Maryland 21204.

No Longer Operating As Pharmacies

Larken Pharmacare, Inc., Kenneth S. Sumida, President; 5202 Baltimore National Pike, Baltimore, Maryland 21229.

Meyer's Pharmacy, Inc., Harmond Amernick, President; 2101 West North Avenue, Baltimore, Maryland 21217.

Thomas and Thompson Company, John B. Thomas, President; 7800 York Road, Baltimore, Maryland 21204.

Changes of Ownership, Address

Kitchin Drugs, Inc., Bennie G. Owens, President (Change of ownership); 72 West Street, Annapolis, Maryland 21401.

Peninsula Pharmacy, Elizabeth W. Kraus (Change of ownership); 400 South Division Street, Salisbury, Maryland 21801.

Cantner's, Inc., James W. Truitt, President (Change of address); Preston Street, Federalsburg, Maryland

Charlesmont Pharmacy, Harmond Amernick, President (Change of ownership); 3203-05 Old North Point Road, Baltimore, Maryland 21222.

Validity of Prescriptions

An Arkansas pharmacist received a note from an alleged patient accompanied with a prescription for Dexamyl and a prescription for Equanil, requesting that the pharmacist dispense the prescriptions and send them to her by return mail.

The pharmacist who was not acquainted with the patient or the physician did not make an attempt to establish the validity of the prescriptions. In addition, the pharmacist, noting that the strength of the Equanil tablets had been omitted, selected a strength and dispensed the prescriptions.

At a subsequent hearing conducted by the State Board of Pharmacy, it was determined that the State Board of Pharmacy had caused the prescriptions to be issued by a police officer for a nonexistent patient. The State Board suspended the pharmacist's license for sixty

On appeal to the Supreme Court of Arkansas, the court upheld the decision of the State Board stating that the pharmacist had wilfully violated the laws of the state by failing to identify the prescribing physician and selecting the strength of drug to be dispensed.

Academy of General Practice to Co-Sponsor Programs with Affiliated States

The APhA Academy of General Practice of Pharmacy will co-sponsor educational programs with 11 affiliated states during their annual meetings this year, Executive Secretary Richard P. Penna announced. This is the fifth year that the Academy has made educational programs available to affiliated state pharmaceutical associations.

The half-day programs include a drug interactions workshop, which features the Academy's newly-released slide-talk, "Mechanisms of Drug Interactions", and a professional experiences workshop with a slide/tape recording system of "discussion triggers." The programs are cosponsored by the Academy and the state associations on an equally-shared expense basis. A program was held at the annual meeting of the Maryland Pharmaceutical Association on May 8.

Membership Open To All Community Pharmacists

All community pharmacists whether proprietors or salaried pharmacists who are active APhA members in good standing are eligible for membership in the APhA Academy of General Practice and no additional dues are required. Application blanks are available from the MPhA office.

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MPhA Public Relations



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Bernard B. Lachman (1), President of the Maryland Pharmaceutical Association, was the guest of Charles E. Spigelmire on his weekly WCAO "Best Neighbor" program during National Pharmacy Week. Mr. Spigelmire is MPhA's Public Relations Committee Chairman.

MPhA Public Relations

A special program entitled "The Pharmacist, The Public, and Self Medication" was aired on radio station WCAO's "Best Neighbor" program during National Pharmacy Week. Host of the weekly program, Charles E. Spigelmire, noted that public awareness of the dangers and limitations of non-prescription drugs was being stressed by pharmacists during the 47th annual observance of National Pharmacy Week.

MPhA President Bernard B. Lachman, appearing as a guest on the program, told the listening audience how non-prescription drugs can present a mixed blessing. "On the one hand we have the availability of a variety of effective agents to treat self-diagnosed illnesses," said Lachman. "On the other hand," he continued, "we have questionable products of doubtful safety advertised with exaggerated claims. We have the promise of fast, fast relief which may instead mask the early symptoms of serious illness. We have drugs capable of providing uncomplicated treatment for minor ailments, and we have drugs capable of causing discomfort and serious side effects or interactions."

He recommended to the listeners to see their pharmacist for guidance and counsel. He also pointed out pharmacists' legislative efforts to require manufacturers of proprietary drugs to carry on the labels the names and quantities of therapeutically active or significant ingredients, as is required by law for prescription drugs.

Maryland Society of Hospital Pharmacists

The October 12 meeting of the Maryland Society of Hospital Pharmacists was held at the Officer's Club of Baltimore's U.S.P.H.S. Hospital. Members heard a presentation on chemotherapeutic agents used in acute leukemia of adults by Dr. Peter Wiernik, Chief of Medical Oncology at the Baltimore Cancer Research Center. Among the several guests introduced at the meeting were Dr. George Archambault, Editor of Hospital Formulary Management, Mr. Arthur Dodds and Mr. Lowell Pfau, Chief and Deputy Chief respectively, of the Pharmacy Branch, Federal Health Program Service.

Among the items of business conducted at the meeting was approval of a charter amendment pertaining to lobbying and approval of a resolution submitted by the Commission on Goals concerning promotional schemes. An informal debate between Robert Snyder and Sydney Burgee emphasized that opinion on the crucial issue of joint membership requirements of the ASHP and APhA is evenly divided. A decision will be made in December at a special session of the ASHP House of Delegates in Las Vegas.

Tampa News

The Traveler's Auxiliary of the Maryland Pharmaceutical Association met on December 7 at the Phil-Mar Inn to hear Stuart Baltimore speak on "Economy Loss Portion of State Insurance Program" (No Fault). The Annual Goodwill Meeting is scheduled for January 10 at which the guest speaker will be Paul J. Feely, Public Defender for Baltimore County. In addition, an Oyster Roast is scheduled for February 3 at Bernie Lee's Penn Hotel.

Prince Georges-Montgomery County Pharmaceutical Association

The 18th Annual Scholarship Affair of the Prince Georges-Montgomery County Pharmaceutical Association was held on October 15 at the Washington Country Club in Gaithersburg. The evening began with a dinner buffet followed by a show at the Shady Grove Music Fair featuring Martha Raye in Minsky's Burlesque. The program chairman was S. Ben Friedman.

Sustaining Members Maryland Pharmaceutical Association

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140/90 is normal blood pressure...or is it?

An extensive study based on nearly 4 million life insurance policies suggests that a blood pressure reading of 140/90 requires close medical supervision.

Study Findings. Twelve years ago the Society of Actuaries reported on an extensive study based on the lives and deaths represented by almost 4 million life insurance policies. From this vast survey—"The Build and Blood Pressure Study"1insurance experts concluded that:

- Blood pressure above 140/90 is accompanied by increased morbidity and requires close medical attention.
- Even small increments in either systolic or diastolic blood pressure progressively and steeply shorten life expectancy.

Other Studies. Studies conducted with large numbers of patients since that time have echoed the above findings. Two studies published in 1970 – the VA Cooperative Study Group on "Effects of Treatment on Morbidity in Hypertension"2 and the "Framingham Study" - suggest that treatment of even mild hypertension may, over time, offer significant benefits to the patient.

Another Point of View. Although a growing body of studies suggests that treatment of mild hypertension is warranted, medical opinion is not unanimous. Some clinicians recommend that drug treatment for mild hypertension be reserved for patients with additional risk factors such as smoking, high cholesterol

levels, heart or kidney involvement, or a family history of vascular disease. Dr. Walter M. Kirkendall stated this position in his recent paper "What's With Hypertension These Days?" Discussing the management of hypertension in patients with a sustained diastolic pressure up to 100 mm Hg, he said: "Generally, I do not recommend antihypertensive therapy unless patient's blood pressure approaches the upper limit for the group and a number of adverse factors exist, such as male sex, family history of vascular disease, youth, evidence of heart or kidney involvement."

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

25- and 50-mg tablets

(Hydrochlorothiazide MSD)

Therapy to Start With

For a brief summary of prescribing information, please see next page.



Society of Actuaries, The Build and Blood Pressure Study, 1959.
 Veterans Administration Cooperative Study Group on Antihypertensive Agents, "Effects of Treatment on Morbidity in Hypertension," JAMA 213:1143-1152, Aug. 17, 1970.
 Kannel, William B., et al.: "Epidemiologic Assessment of the Role of Blood Pressure in Stroke – The Framingham Study," JAMA 214:301-310, Oct. 12, 1970.
 Kirkendall, Walter M.: "What's With Hypertension These Days?" Consultant, Jan. 1971.

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HydroDIURIL® (HydrochlorothiazidelMSD)

Therapy to Start With

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

Contraindications: Anuria; hypersensitivity to this or other sulfonamide-derived drugs; routine use in an otherwise healthy pregnant woman with or without mild edema.

Warnings: Use with caution in severe renal disease since thiazides may precipitate azotemia and cumulative effects may develop. Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. May add to or potentiate action of other antihypertensive drugs; potentiation occurs with ganglionic or peripheral adrenergic blocking drugs. Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma. Possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Usage in pregnancy: Thiazides cross placental barrier and appear in cord blood; in pregnancy or in women of childbearing potential, weigh anticipated benefit against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that have occurred in adults. Nursing mothers: Thiazides appear in breast milk; if use of drug is deemed essential, patient should stop nursing.

Precautions: Perform periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe all patients for clinical signs of fluid or electrolyte imbalance, namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when patient is vomiting excessively or receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, with concomitant corticosteroid or ACTH therapy, or with inadequate oral electrolyte intake. Hypokalemia can sensitize or exaggerate response of heart to toxic effects of digitalis (e.g., increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content. Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged; latent diabetes

mellitus may become manifest. Thiazides may increase responsiveness to tubocurarine. Antihypertensive effects of the drug may be enhanced in postsympathectomy patients. May decrease arterial responsiveness to norepinephrine; this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy. Thiazides may decrease serum PBI levels without signs of thyroid disturbance. Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged therapy; the effect of discontinuance of therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients.

When used with other antihypertensive drugs, careful observations for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents must be reduced by at least 50 percent as soon as this drug is added to the regimen. As blood pressure falls under the potentiating effect of this agent, further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary.

Adverse Reactions: Gastrointestinal System—Anorexia; gastric irritation; nausea; vomiting; cramping; diarrhea; constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System—Dizziness; vertigo; paresthesias; headache; xanthopsia.

Hematologic-Leukopenia; agranulocytosis; thrombocytopenia; aplastic anemia.

Cardiovascular-Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity—Purpura; photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis) (cutaneous vasculitis); fever; respiratory distress; anaphylactic reactions.

Other-Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

How Supplied: Tablets containing 25 mg hydrochlorothiazide each in bottles of 100 and 1000 and single-unit packages of 100; Tablets containing 50 mg hydrochlorothiazide each in bottles of 100, 1000, and 5000 and single-unit packages of 100.

For more detailed information, consult your MSD MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486





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LAMPA News

Lampa At The Kennedy Center For The Performing Arts

On Thursday, September 28th, after being officially photographed, courtesy of Herman Bloom of Paramount Photo, LAMPA's chartered bus departed for Washington, D.C. and a full day of activity. Enroute, coffee and donuts were served by LAMPA stewardesses: Dorothy Austin, Ann Crane, Camilla Ogrinz, Jo Spigelmire and Dora Rockman.

The Embassy of Israel was our first stop. Here, Mrs. Ada Cohen, of the Embassy Staff, graciously invited us to have coffee and pastries, which had been prepared for us in the reception room. We happily accepted their hospitality and several members were heard to remark about the unusually good coffee that was served. The writer can vouch for the cookies—they were delicious! We were shown a new color film entitled, "Speaking of Israel" which made us feel we had been there, or wanted to go.

Mindful of the clock, we were off to the Kennedy Center and our scheduled noon tour. Luckily, all three performing areas, the theatre, the opera house and the concert hall, were seen, as well as the lounges and reception rooms. The tour guides knew their Center—and did a good job of telling us about the various objects and materials which were donated to the United States for the Kennedy Center for the Performing Arts.

For lunch, we had three choices—the Buffeteria, the Gallerie and the French Restaurant. After lunch, everyone was busy checking where everyone else had eaten. The consensus was—the Buffeteria was fast, good and not expensive; the French Restaurant was good, plenty of atmosphere and not all that expensive; the Gallerie received kudos—all around. After an exploratory jaunt on the upper level, with its exceptionally fine view of Wash-

ington, snapping a picture, to show off later, browsing at the gift stand or just people watching, we noted it was almost curtain time. The pre-Broadway showing of "Abraham's Mask" with Fred Gwynne and Eva Marie Saint in the Eisenhower Theatre topped our day. We gave our warm approval to the play and the comfortable facilities of the Theatre.

Homeward bound, we had a mock election, to see whether we could predict the November presidential race. For the record—the Republicans won. We had several "bus prizes," donated by Arlene Padussis and even passed around "survival sticks" for those that needed nourishment before getting home.

Our bus was safely back by 6 p.m. and the third of LAMPA's innovative, well-planned bus trips become history.

—Ann Crane

CLASSIFIED ADS

As a service to MPhA members, we offer a free classified ad service. Maximum number of words permitted under this free service is 25.

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Standards of Practice-The Challenge?

by William H. Hotaling

Formerly Director, Pharmacy and Central Supply Services, The Ellis Hospital, Schenectady, New York

Excerpted from a presentation before the Maryland Society of Hospital Pharmacists Seventh Annual Hospital Pharmacy Seminar, June 10, 1972, Ocean City, Maryland

Like so many things in life the practice of Pharmacy has run in cycles. There was a time of preoccupation in "where" the profession was practiced. We spoke of such geographically confining arenas as — Hospital Pharmacy, Manufacturing Pharmacy, Community Pharmacy, Pharmaceutical Education, Governmental Pharmacy, Pharmaceutical Journalism, etc.

More recently the trend is toward "how" the profession is practiced—for example, specialization in such areas as drug information, packaging and labeling, intravenous therapy, management, etc. However, I believe that before anyone speaks of a specific "where" or "how" of a mode of practice, one should consider the profession as a whole. What one "segment" of Pharmacy practice does reflects on all others. No matter where or how we practice we are members of a time-honored profession, and I wish to acknowledge that we are pharmacists first, and specialists second.

Social, cultural and economic developments have brought about important changes in the manners, attitudes, needs, and way of life of our society. These developments have also affected the practice of Pharmacy.

Pharmacy has progressed considerably since it was defind as "The art of preparing, preserving and compounding medicine according to the prescriptions of physicians." To be sure, this definition still forms the basis for pharmacy practice, but today's pharmacist, no matter where or how he functions, must know much more than the fundamentals of his profession. Such a narrow definition not only restricts the scope of the pharmacist but prevents a fair evaluation of his contribution to the health and welfare of society.

In the early days of hospital development, pharmacies were included for the sake of convenience. Hospitals with a large volume of prescriptions, many of them free, employed a pharmacist to compound, preserve and dispense medicine in much the same manner as his community counterpart did outside of the hospital. In many respects the pharmacist was left to his own devices, usually in the cellar, in some converted storage space; a situation he accepted with stoic philosophy as a necessary evil. (Some will say that hasn't changed much).

Despite his environmental limitations, the pharmacist was respected as a man who knew his job, and with true professional zeal of the time he kept the secrets of his profession religiously to himself. Nor did anyone seek

to pry into them, as the Pharmacy was taboo and few were permitted to venture within its sacrosanct portals. By the same token, the pharmacist rarely ventured out of this Pharmacy. Having provided the drugs and medicines asked for, he considered his responsibilities ended with the correct compounding, and labeling of the containers. He was rarely asked and rarely gave advice. Professional pride prevented physicians from asking his opinion for fear of displaying ignorance—the same was true of the nursing profession. Fear of being accused of practicing medicine also tended to make the pharmacist appear taciturn with patients who came to the Pharmacy to get prescriptions filled. Relationships with the physicians, during these times, were delicate, as physicians were highly sensitive to queries about their prescriptions. The Pharmacist, like other professionals, guarded his prerogatives jealously while at the same time being careful not to encroach on the prerogatives of others. (Some may feel that this has not changed either).

Fortunately most of the conditions that brought about these attitudes no longer exist. Most physicians realize that the length and breadth of medical knowledge is so vast that it is impossible for any one individual to know it all. Likewise, the public demand for professional nursing has become so great that it is impossible to meet. The nursing professional realizes that their practitioners must shed many responsibilities once considered to be in their exclusive jurisdiction. The partnership of the pharmacist, nurse, physician, once shunned, is today welcomed and sought after eagerly. The pharmacist in today's hospital is a member of the professional staff. He has assumed his rightful position on the hospital team by asserting his claim to recognition. He has knowledge that no one else can provide and has an important contribution to make to the health and welfare of his patients.

It's my belief that the standards of practice are no longer a list of minimum requirements imposed by some regulatory agency. On the contrary, today's standards of practice are set by concerned, well informed practitioners and tomorrow's standards will be set by the emerging trends that modern, comprehensive, medical care delivery systems will require.

There are other forces at work today that will affect the future mode of practice of pharmacy. One is the method and/or environment within which the future medical care delivery system will function. The other is the receiver of medical care—the consumer—who has relatively little input or say so on how his medical needs will be met. This is no longer true, and once more, his influence is going to have even greater impact in the future.

I do not believe it is too difficult to crystal ball the practice of pharmacy ten years from now. What effect it

will have on methods and standards of practice and how one can prepare to meet the needs.

They say an expert is anyone with a speech and who is more than 50 miles away from home. Well, I am more than 50 miles away from home and so, being an expert gives me license to visualize the future. I see tomorrow's role of the pharmacist devoid of non-professional functions. I see him part of a health care delivery system, working as an equal member of a multi-disciplinary team of professionals; not as an independent practitioner isolated from the mainstream of health care.

There is little doubt that there is a crying need to improve the health care approach that exists today. With or without a national health insurance program there will be demanded improvement in the availability, efficiency, effectiveness and utilization of this nation's health resources.

President Nixon in his special message on health in February 1971 labeled one section "Reorganizing the Delivery of Service." He said—

"In recent years, a new method for delivering health services has achieved growing respect. This new approach has two essential attributes. It brings together a comprehensive range of medical services in a single organization so that a patient is assured of convenient access to all of them. And it provides needed services for a fixed contract fee which is paid in advance by all subscribers.

Such an organization can have a variety of forms and names and sponsors. One of the strengths of this new concept, in fact, is its great flexibility. The general term which has been applied to all these units is "HMO"—Health Maintenance Organization."

Although President Nixon was not the one to originate the HMO acronym, since his message much has been said and done on the subject. I'm confident this concept will continue to grow and flourish, not only because the people want it, but also because a variety of governmental incentives will be provided for those who pioneer in group practice and Health Maintenance Organizations. As a result, it is possible that a significant proportion of the nation's drugs and pharmaceutical services might eventually be provided through this type of health care enterprise, rather than through traditional community pharmacies. As pharmacists we all should be interested in assuming an active role in the structuring of these systems, in having considerable voice in how the delivery of whatever type of service is required; I should remind you that what I am talking about is NOT Hospital Pharmacy. It is a differently controlled, multi-disciplinary environment in which patients are able to receive comprehensive health care services much of which being on an ambulatory basis.

BUT, the important point to recognize as practitioners is that much of what will be required in such a future mode of delivering Pharmacy service exists today in many institutional practices. Much of it will be little different, regardless of whether the organization is sponsored by a hospital, a group of physicians, a union or an industrial organization.

Let me "attempt" to give an encapsulation of some of the things that are going on in hospital pharmacies; the arena that practices today the type of Pharmacy I believe the majority of our colleagues will practice in the future.

- I'm sure we all agree that the hospital pharmacist should be responsible for all aspects of control and use of drugs throughout the institution. He is the key man in drug and drug-related services.
- A) Upon admission the hospital pharmacist conducts a patient interview and prepares a patient drug history.
- B) The hospital pharmacist directly interprets the physician's medication order and develops a patient drug profile.
- C) The hospital pharmacist continually monitors and evaluates drug therapy during the patient's period of treatment. His vigilance is geared to prevent or minimize medication errors, adverse drug reactions, drug interactions and incompatibilities with other drugs or foods or laboratory tests.
- D) Unlike his predecessor who jealously guarded the secrets of his profession, today's hospital pharmacist provides drug information when he feels it is advisable, not just upon request. In some instances he participates in drug utilization review programs which are intended to promote rational drug theapy.
- E) The hospital pharmacist programs the patient's medication schedule, oversees the preparation of all doses, often in individually packaged and labeled unit-dose and ready-to-administer form. Not only oral and external drugs but also injectables which are reconstituted, syringed and labeled, as it is well documented that a significant number of medication errors result from mismeasurements or miscalculations on the patient floors. This responsibility also includes intravenous therapy of large volume solutions with additives. Many pharmacists in other arenas of practice cannot fully appreciate the high percentage of medication doses used in a hospital that requires some manipulation before administration to the patient. In fact, in a growing number of institutions the hospital pharmacist is overseeing the administration of medications by a team of technicians or nurses.
- F) The newest and probably most challenging and exciting innovation in comprehensive hospital pharmacy service is putting pharmacists directly in nursing areas, including frequently at the patient's bedside. Here the pharmacist has access to the patient's medical history and records, he uses the chart as a textbook and daily working document. He is in direct contact on a day-to-day basis with physicians, nurses and other health professionals. He thinks of the patient as a whole human being, not just as one drug or one prescription, and he counsels the patient regarding his medication; he interviews the patient just before discharge to discuss his medication instructions to be assured that the physician's intent will be followed. I am confident that in the not too distant future an extension of this service will include home care follow-up.
- II) The hospital pharmacist's opportunity to educate will also continue to grow. Not only formally in pharmacy college classrooms and affiliated programs in a hospital's clinical areas but also in further edu-

cating graduate health professionals—i.e. registered nurses, inhalation therapists, dietitians, physical therapists, and pharmacy technicians. And of course let's not forget the physicians. Remember a physician's first professional contact with pharmacy is in the hospital. Not only does a properly educated, trained, and experienced pharmacist supply this new physician with the tools he needs to practice good medicine, but he also has the opportunity to mold a favorable attitude as to what constitutes good pharmacy service when this doctor becomes a private practitioner out in the field. (An often overlooked opportunity). The pharmacist who is looked upon as serving patients and not customers enjoys a professional satisfaction that cannot be described.

- III) A few hospital pharmacists participate in clinical and scientific research, an area in the practice that must be increased if Pharmacy is to achieve even greater acceptance in new roles. This means critical and honest evaluation of such roles in order to determine truly their effectiveness. Unworthy ideas must be rejected and not retained just for building empires. After all what could be worse than for Pharmacy to relinquish some of its traditional functions to technicians only to assume an equally mundane manipulative role from another health professional.
- IV) The concepts I have enumerated are only some of the new programs being inaugurated; these are in addition to traditional responsibilities. I cannot leave this listing without some reference to departmental administration and management. Pharmacy services are, and will continue to be, faced with complex staffing and scheduling patterns. Hospital Pharmacy is not the quiet 9 to 5 operation where once the pharmacist went to live out the waning years of his retirement. More and more departments have pharmacists on the premises for 16 and even 24 hours a day. No matter what hours are kept, Hospital Pharmacy service will always be a 24 hour responsibility with means provided to meet all needs. Pharmacists must be allowed to progress both professionally and economically. They must not be forced to surrender active practice for a desk job if they do not choose. Only proper department management will allow the opportunity for the proper choice. Remember, a hospital administrator judges a pharmacist primarily on his managerial ability but the physician judges him on his professional knowledge-both needs are required to be met.

I think I know what a lot of you are thinking right now. You're saying "this 50-mile away-from-home expert is trying to say that all of the hospitals in this nation are performing all of the exciting services just listed." I'm sorry to say, many hospital pharmacy departments are doing the same things today that they were doing 20 years ago. Although the Chief Pharmacist in such an institution would proudly point to his 20 years of experience I submit to you that in reality he has only one year of experience—repeated 20 times.

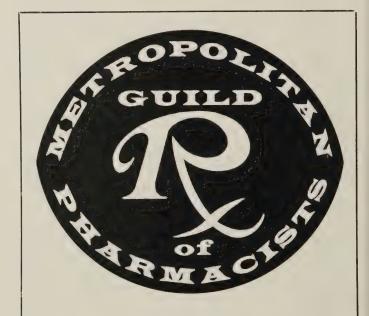
Progress involves turmoil, sacrifice, frustration and great effort. That's the reason progress is so hard to come by and the rut is so popular in many Pharmacy departments; some practitioners are just not willing to pay the price.

The American people, third party payers, regulatory agencies and progressive pharmacists and administrators are not going to allow professional obsolescence. They are not going to tolerate the spiralling costs of health care that result from outmoded methods of dispensing prescription drugs, or the hiring of additional incompetent personnel, or the costly construction of more hospitals. Rather, their answer is going to be in educating and training more competent health professionals and more efficiently utilizing their expertise.

If we, the practitioners of our profession are not ready to accept the challenge of tomorrow's practice—to stem the flow of what is not in the best interest of our patients—to become professionally involved in the proper practice of Pharmacy—to give of ourselves—to make service our business and to care or dare enough—then the future role of the profession will indeed be bleak—the challenge is ours.

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Washington Spotlight For Pharmacists

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APhA Legal Division

An Overview of the Increasing Products Liability of the Drug Manufacturer

The following and other general principles have been applied by the courts in determining the liability of drug manufacturers:

- —A manufacturer of pharmaceuticals has the duty to exercise due care with respect to the products it manufactures.
- —The standard of care required increases with the danger or potential harm that may occur from the administration of the drug product.
- —If an adverse reaction is common to any substantial, although relatively small, number of users, particularly if the consequences are more serious, the courts tend to require the pharmaceutical manufacturer to give adequate warning.

Such principles allow considerable variation in interpretation when applied to a specific case of alleged negligence by a manufacturer of pharmaceuticals. Because of increasing knowledge of adverse drug reactions, better methods of drug standardization and quality control, and, perhaps, a higher standard of general responsibility placed on the pharmaceutical manufacturer, the trend in the courts is to be increasingly stringent in construing the requirement of "due care" in the manufacture and sale of pharmaceutical products.

A 1948 court decision exemplifies a lesser standard of care required of the drug manufacturer. Damages were sought for the death of a thirteen month old infant allegedly because of a medication overdose from suppositories manufactured by the defendant. The parents of the deceased child asserted that the manufacturer advised physicians about the suppository by means of advertisements in medical journals and these advertisements either omitted or did not give with sufficient clarity information regarding the proper dosage. The court stated that a failure to give adequate information or a failure to use adequate means to call attention to the information given did not constitute negligence because there was no reason to believe that a physician would disregard the effects of drugs, and hence the quantities to be administered, and substitute for his own judgment that of the drug manufacturer.

A recent series of cases involving the producer of chloroquine phosphate, sold under the trade-names Aralen and Plaquenil, illustrates the expanding nature of the pharmaceutical manufacturer's product liability. A distinct majority of the cases held that the manufacturer breached its duty to use reasonable efforts to warn physicians of known, potential side effects in the form of retinal damage to the eye. More than one case noted that the manufacturer communicated the warnings in letters to physicians sent by ordinary mail and in the Physicians Desk Reference. However, the manufacturer failed to use

what the courts regarded as the most effective means of communication—direct warnings to the physicians by the "detail man" and this failure of the manufacturer was considered negligence. In a case involving chloramphenicol, allegedly causing aplastic anemia, the court considered the method of promotion in giving a verdict to the patient. The court held that overpromotion by the manufacturer caused indiscriminate use of the drug by the physician.

The higher standard of care required of the pharmaceutical manufacturer is also exemplified in a case involving the manufacturer of Quadrigen, an injectable used in the prophylaxis of diptheria, pertussis, tetanus, and poliomyelitis. The evidence established that an encephalitic reaction was caused in an infant to whom the drug was administered. The court declared that the defendant was negligent in failing to adequately test the drug before marketing it, notwithstanding that the drug met minimum standards set by the Federal Government; the defendant was held to be negligent in failing to warn of danger when it knew or SHOULD HAVE KNOWN that the drug might cause encephalopathies in some patients.

A recent Texas case applied the concept of "strict liability" when dealing with injuries incurred by the administration of pharmaceutical products. The case involved four pharmaceutical manufacturers; the patient sustained injuries allegedly resulting from administration of defective spinal anesthetic composed of a mixture of novacaine, adrenaline and dextrose, manufactured by three of the companies, together with sodium pentothal produced by the fourth company. The trial court granted judgment for the manufacturers; the court of appeals, however, sent the case back for retrial on the basis that the evidence generated genuine issues of fact as to whether the manufacturers were liable under the theory of strict liability.

This is a most significant recent expansion of the liability of the drug manufacturer. A manufacturer may be held strictly liable when an article he places on the market, knowing that it is to be used without inspection for defects, proves to have a defect that causes injury to a human. If a court applies this doctrine, it is sufficient that the person prove that he was injured while using the product in a way it was intended to be used and that the injury resulted from a defect in the manufacture of that product. The policy of the strict liability theory is to place the costs of injuries resulting from defective products on manufacturers that put such products on the market, even without fault, rather than by the injured persons who are powerless to protect themselves. As pharmaceuticals become more potent and more com-plex, more courts may well apply the standard of strict liability as a potential solution in cases involving injury from defective pharmaceutical products.

In May, 1972 the Food and Drug Administration mailed to all physicians new labeling for phenformin and the sulfonylurea drugs. This labeling includes a special warning which states in part:

"Diet and reduction of excess weight are the foundations of initial therapy of diabetes mellitus. When the disease is adequately controlled by these measures, no hypoglycemic drug therapy is indicated."

The new labeling and therapeutic regimen for diabetes mellitus is consistent with the recommendations of the American Diabetes Association and the Council on Drugs of the American Medical Association. The FDA consulted with the latter in the evaluation of the University Group Diabetes Program (UGDP) study. That study provided the basis for the new labeling. The study indicated that phenformin and the sulfonylureas, when used in the treatment of adult-onset, non-Ketotic diabetes mellitus, were associated with a greater incidence of cardiovascular mortality than insulin plus diet or diet alone.

Many practicing physicians registered an immediate, critical response to the new labeling of oral hypoglycemic drugs. The physicians contend that the FDA places too much emphasis on the results of a highly controversial study. A number of prominent physicians, experts in the field of diabetes, have organized the Committee on the Care of the Diabetic (CCD). Recently, this Committee was successful in obtaining a preliminary injunction prohibiting the FDA from implementing the new labeling. This legal action focuses attention on a very important issue; what is the FDA's role in regulating the therapeutic regimen as prescriped by physicians?

This issue is directly related to the legal responsibilities of the FDA. The debate leading to the enactment of the Food, Drug, and Cosmetic Act of 1938, and the Amendments of 1962, contained repeated statements that Congress did not intend the FDA to interfere with medical practice. Congress recognized a patient's right to seek civil damages in the courts for malpractice and declined to provide legislative restrictions upon the medical profession. Congress did intend that FDA determine those drugs for which there exists substantial evidence of safety and effectiveness. The FDA is also required to determine the information that constitutes truthful, accurate, and full disclosure about the drugs to enable the physician to prescribe them safely and effectively. Therefore, the FDA is charged with the responsibility for judging the conditions under which a drug may be used safely and effectively and conveying this information to the physician.

One method of conveying this information to the physician is by the package insert. The CCD is asking for "balanced labeling" reflecting the controversy over the UGDP findings. The CCD asserts that failure to reveal the existence of a controversy would make oral antidiabetic labeling misleading. According to the FDA, it is not the function of the package insert to present all sides of an issue; this is done in textbooks, journal articles, and scientific discussion. The FDA considers its duty that of an independent arbiter on medical issues. The FDA will set out in the package insert a summary of the conditions for use of the particular drug; the summary is to be based on the best scientific evidence presented to the FDA. The FDA asserts that there is probably no package insert for any drug on which individuals could

not be found to raise contradictory statements backed up by some kind of literature, reference or opinion; a "balanced label" would open up all labeling to a similar requirement every time there is disagreement. This contention was challenged by CCD. The CCD asserts this is not the case of a few doctors challenging an otherwise uncontroverted study; the CCD notes its membership is composed of almost 200 doctors whose credentials are recognized worldwide.

The CCD expresses concern that the new labeling will prevent the physician from exercising his best clinical judgment by rendering him liable for malpractice if he does not first attempt to control his diabetic patient without oral hypoglycemic drugs. It is the position of the FDA that the package insert is not intended either to preclude the physician from using his best judgment in the interest of the patient or to impose liability if he does not follow the package insert. The physician is charged with the professional responsibility for exercising his judgment by prescribing the available drugs in the light of the information contained in their labeling. According to the FDA, although package inserts, along with medical texts and expert opinion, may constitute evidence of the proper practice of medicine, it alone is not controlling on the issue. This is not the way it is in real life, according to the attorney for CCD. From his own experience and knowledge of malpractice cases, judges and juries give great importance to drug labeling and inserts. Judge Campbell, a Federal District judge, examined this issue and concluded:

"It is not clear why the FDA's labeling requirements should prevent Dr. Bradley (a CCD physician) from exercising his 'best clinical judgment.' The papers on file in this case indicate that Dr. Bradley is well aware of the alleged defects in the UGDP study, and indeed has expended considerable effort in publicizing his awareness to other physicians. Many reputable physicians apparently share his belief . . .

So far as malpractice litigation is concerned, if the UGDP study is as faulty as Dr. Bradley believes, and there is insufficient evidence to link oral hypoglycemic drugs with increased heart disease, then one might expect such malpractice suit to result in a defendant's verdict."

In addition to the basic issue of regulatory power of the FDA, the preliminary injunction lays the foundation for a later courtroom confrontation between the UGDP research scientists and the diabetes specialists who form CCD. The FDA asserts that such a case should be dismissed unless the court is prepared to undertake a critical review and evaluation of the complex clinical, diagnostic, and pharmacologic data upon which the National Institutes of Health and the FDA have acted and arrive at an independent scientific judgment. Judge Campbell considered this question and concluded that the court is not a "super-agency" to decide the technical points in issue; the court must decide whether or not the FDA has acted unfairly, arbitrarily, and capriciously. Administrative action may be regarded as arbitrary and capricious only when it is not supportable on any rational basis. Therefore, it is the duty of the court, not to resolve the technical scientific issues, but to determine whether the action of the FDA is supportable on any rational basis.

The present position of the FDA is that controlled clinical studies will take precedence over unsubstanti-

ated expert opinion in determining the safety and effectiveness of a therapeutic agent. The FDA has observed that the quality of therapeutic opinions too often suffers from a reliance on traditional wisdoms rather than on properly derived scientific data and that the history of medicine is replete with therapeutic disasters because the prevailing opinion of the time was not supported by controlled scientific investigations.

As previously noted, a Federal judge has issued a temporary injunction enjoining the FDA from implementing the new labeling. The dispute is still in the courts and remains unsolved.

Report on Marihuana Released

The National Commission on Marihuana and Drug Abuse has published its first year report, "Marihuana, A Signal of Misunderstanding."

The Commission established under the authority of the Comprehensive Drug Abuse Prevention and Control Act of 1970 is composed of two members of the United States Senate, two members of the House of Representatives and nine presidential appointees.

The broad charge given to the Commission was to determine the extent of the use of marihuana in the United States, including its sources, number of users, number of arrests, and the amount of marihuana seized.

In addition, the Commission was also charged to study the relationship between marihuana use and crime, aggressive behavior and the use of other drugs. The Commission's findings were to include a statement of the pharmacological, physiological and psychological effects of intermediate and long term marihuana use.

Chairman Raymond P. Shafer submitted the comprehensive report to the President and Congress in March, 1972. Chairman Shafer stated that the report was "an allinclusive effort to present the facts as they are known today, to demythologize the controversy surrounding marihuana, and to place in proper perspective one of the most emotional and explosive issues of our time."

The Commission found that the use of marihuana, at its present level, does not constitute a major threat to the public health.

Although it was demonstrated that marihuana is not a harmless drug, the Commission concluded that problems associated with marihuana use have been oversimplified, overgeneralized and overdramatized.

Other Commission findings were that experimental or casual use of the drug carried minimal risk to the public health. The Commission did, however, acknowledge that prolonged, heavy marihuana use has caused emotional changes in predisposed individuals. Citing clinical reports, the Commission stated that cases of transient psychosis and impairment of cognitive functions have also been reported from marihuana use. The Commission noted that although these incidents do not prove casuality, they cannot be ignored.

The final report reflected the Commission's concern with the lack of significant medical and sociological data relating to marihuana use. Only two percent of the population of the United States may be properly classified as

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Specializing in Complete Protection For The Pharmacist heavy users of marihuana. Thus, the Commission believed that it would be improper to use the data obtained from this small group to project the effects of wide spread marihuana use.

In addition to the report, the Commission issued legal, medical, law enforcement and other recommendations as a result of their studies. Of particular interest are the six medical recommendations.

The Commission recommended that a federal agency, such as the Special Action Office for Drug Abuse Prevention in the White House serve as the catalyst in developing a permanent program for assembling and exchanging marihuana related information.

Such information would include studies relating to the carcinogenic properties of the components of marihuana smoke, as well as the physiological effects of marihuana smoking on bronchial epithelium and the mucous membranes of the mouth, throat and lips.

In addition, the Commission stressed the need to study the relationship of long term marihuana use to cardiac diseases and alterations of neuronal systems in the emotional areas of the brain.

The Commission strongly recommended that present research efforts to develop an inexpensive, easy to use method for detecting and quantifying the presence of marihuana in the blood, breath and urine be continued. Such a test procedure is necessary to detect persons who are operating automobiles and heavy equipment under the influence of marihuana.

The third recommendation of the Commission was to undertake an accelerated program for funding foreign research of heavy and very heavy marihuana use. The Commission believes that an analysis of data from countries with ten to thirty years of experience with heavy marihuana use, such as Greece and Jamaica, will provide useful information about the probable consequences of increased marihuana use in the United States.

The Commission, noting the historical references throughout medical literature referring to the use of cannabis as a therapeutic agent, has recommended increased support of studies which evaluate the efficacy of marihuana in the treatment of disease and physical impairments.

While conducting their study, the members of the Commission obtained much information concerning the wide range of programs, techniques and services available to drug users. The Commission found that some of the techniques currently being employed may pose as much potential harm as good. To avoid confusion and duplication of services, while stressing individual treatment, the Commission recommends that community based treatment facilities be promoted utilizing existing health centers when possible and appropriate.

The Commission's final recommendation was directed to the schools of the health professions. The Commission urged that these institutions include in their curricula courses on the social, public health and therapeutic aspects of drug use.

The complete report, "Marihuana, A Signal of Misunderstanding," (Document Number 52660001) may be purchased for one dollar by writing to the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

Pointers for Spotting Counterfeit Prescriptions

Manner of Presentation

- 1. Rx presented during busiest period.
- 2. Customer demanding rush service.
- 3. Rx from unknown physician and customer from outside usual trading area.

Document

- 1. Prescriptions with alterations or erasures.
- 2. Extremely legible handwriting.
- 3. Directions written in full rather than usual Rx abbreviations.
- 4. Prescriptions that specify quantities, directions, or dosages that depart markedly from customary medical usage.
- 5. Use of different colored inks on same Rx blank.
- 6. Photocopied prescriptions, either blanks or completed Rx's; may be poorly printed or poorly cut.
- 7. Prescriptions from large hospitals or medical centers.

The above tips for spotting counterfeit prescriptions are suggestions only. While many of the characteristics mentioned may be found on legitimate prescriptions, their existence may indicate that further checking is warranted.

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Mechanisms of Drug Interactions

David A. Blake, Ph.D.

Associate Professor and Chairman Department of Pharmacology and Toxicology University of Maryland School of Pharmacy

Amphetamine and Furazolidone (Furoxone)

The antibacterial action of furazolidone is accompanied by progressive and generalized inhibition of the enzyme monoamine oxidase (MAO). Since amphetamine has been shown to exert a hypertensive effect in patients receiving other MAO-inhibitors it is possible (although not as yet proven clinically) that the same reaction would occur if amphetamine were administered to a patient who was being treated with furazolidone.

The mechanism of this interaction is believed to involve an enhanced release of norepinephrine (NE) from sympathetic neuron terminals by amphetamine in the presence of MAO inhibition. Amphetamine owes its sympathomimetic activity to its ability to promote the release of NE from adrenergic neuron terminals (hence it is termed—indirectly acting) and apparently this action is enhanced when the activity of MAO is inhibited in these cells.

It has been shown that furazolidone does not inhibit MAO in vitro suggesting that the in vivo inhibition is caused by a metabolite.² This possibility is also supported by evidence that the inhibition of MAO by furazolidone is cumulative, requires more than five days of treatment and that the effect persists for 10 to 20 days after discontinuation of dosage.2

Although there are no published reports of hypertensive crisis resulting from concomitant use of amphetamine and furazolidone, experimental evidence suggests that it could occur and thus it would seem prudent to avoid the combination. This warning also applies to the use of furazolidine with other MAO inhibitors, tyramine containing foods (e.g. aged cheese, beer, wine, etc.) other amphetamines (e.g. methamphetamine) and other indirectly acting sympathomimetic amines (e.g. ephedrine).

EDITORIAL NOTE

Readers of the Journal are requested to submit suggested topics for future articles in this column.

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Obituaries

Jerome E. Murphy

Jerome E. Murphy, 74, died on October 3 following a brief illness. He graduated from the University of Maryland, School of Pharmacy in 1918 and began his career in pharmacy with the Hynson, Westcott and Dunning Pharmacy at Charles and Chase Streets where he worked for 35 years. He was a member of the Maryland Pharmaceutical Association and the Holy Name Society.

Lester D. Windsor

Lester D. Windsor, 89, former proprietor of a pharmacy in Salisbury, died on September 23. He was a graduate of the University of Richmond, Virginia, School of Pharmacy and was a member of the Maryland Pharmaceutical Association.

Harry Lebowitz

Harry Lebowitz, 63, 1928 graduate of the University of Maryland, School of Pharmacy and former member of the Maryland Pharmaceutical Association, died on September 28.

Cancer-Causing RNA Virus Inhibited By Experimental Antibiotic

Blocking or inhibiting tumor virus enzymes by a group of antibiotics known as streptovaricins may be an effective means of preventing the spread of potential tumor viruses in humans, according to Dr. F. Richard Nichol, a research scientist from The Upjohn Company, Kalamazoo, Mich.

The viruses contain an unusual enzyme, "reverse transcriptase," capable of transferring information from the RNA of tumor virus to DNA of animal cells. Inhibition of such an enzyme by chemical means has been the object of research by several scientists from Upjohn and Johns Hopkins University School of Medicine in Baltimore.

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Executive Director Receives Presentation Album

Among those pharmacy leaders receiving special presentation albums at the First Day of Issue ceremonies for the commemorative stamp honoring the Nation's pharmacists in Cincinnati on November 10 was Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association. Mr. Gruz, President of the National Council of State Pharmaceutical Association Executives, was presented the album by William D. Dunlap, Assistant Postmaster General for Customer Development.



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Change of address may be made by sending old address (as it appears on your journal) and new address with zip code number. Allow four weeks for changeover. APhA members-please include APhA number.

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Editorial . . .

STAMP FOR PHARMACY

All pharmacists certainly joined in jubilation and pride upon the belated issuance of a postage stamp honoring "Pharmacy" on November 10. Two pharmacists have been long identified with efforts to achieve philatelic recognition for the profession-Irving Rubin, Editor of Pharmacy Times (the former American Professional Pharmacist) and George Griffenhagen, Editor of the Journal of The American Pharmaceutical Association. Pharmacy owes a debt to the dedication and persistence of these two distinguished pharmacists.

It was Irving Rubin who, after previous failures, launched the most recent drive in 1971 that resulted in the final success. George Griffenhagen combined his talents as pharmacy historian, philatelist, publicist, editor and association official into an energetic campaign for more than a decade. In addition, George Griffenhagen played a major role in planning and executing the unveiling ceremonies for the design of the commemorative stamp on July 1, 1972 in Detroit, and for the First Day of Issue Ceremonies on November 10 in Cincinnati.

As President of the National Council of State Pharmaceutical Association Executives, it was my honor and privilege to participate in the impressive and unforgettable First Day Ceremonies. This was perhaps the first time that the presidents of every national pharmaceutical association met together and sat on one dais.

The design for the Pharmacy Stamp is beautiful, dignified and incorporates several of the cherished symbols of the "Mystery and Art": The Bowl of Hygeia with entwined serpent, the Wedgewood mortar and pestle and two glass-stoppered bottles with gilded glass labels.

But after the initial euphoria of the achievement of the philatelic recognition so long fought and worked for by so many passed, one is struck with the fact the design was essentially a mirror of Pharmacy's past. Pharmacy had permitted itself to be identified with drugs and drug products rather than with service to patients and other professions. That is, the orientation was to things (drugs) approached through the utensils and tools of the apothe-

Today as we turn to patient orientation—to people rather than things—one would hope that a pharmacy stamp would show a pharmacist. In fact, many of the pharmacy stamps issued over the years by various foreign countries featured a famous or anonymous pharmacist. Probably the reproduction on a Polish postcard of a painting by Josef Chelmonski, reproduced on this page, showing a pharmacist consulting with an elderly patient best exemplifies the old-time "clinical pharmacist" taking a personal interest in his client. In response, one can sense the trust of the patient in her personal pharmacist.

An insight into the role of the pharmacist in the community and his contributions to better health is embodied in the remarks in U.S. Postal Service American Commemorative Series "Pharmacy," reproduced in this issue (opposite page).

Now as the flush of pharmaceutical philatelic victory begins to fade, let us look forward to the next postal commemorative which will be dedicated to "The Pharmacist," the person who assures the patient will receive effective, rational, safe drug therapy.

--Nathan I. Gruz

KARTKA POCZTOWA Cena 60 gr ARMACEUTON P. T. i T.-VII-62.-25.000 Obraz J. Chełmońskiego "Aptekarz"

"Polish commemorative postcard. Sixth Scientific Pharmaceutical Conference, 1962, shows a 19th-century European pharmacy with a pharmacist consulting with an elderly patient. Bowl of Hygeia is on printed stamp. Courtesy of

George B. Griffenhagen.



AMERICAN COMMEMORATIVES

Pharmacy





The tradition of service to the community,

blended with the technology of modern science, has enabled the pharmacist to stand with the medical profession as a partner in health.

The Commemorative Stamp, designed by Ken Davies of Madison, Connecticut, portrays the recognized symbols of the profession. The five vignettes engraved in the mid-1800's, and printed from the original rolls and dies, are symbolic of the research that has enabled modern medicine to protect and improve man's health and the dispensing of medication which is the end product of this research.

While it is difficult to depict the impact on American Culture made by these friendly and dedicated men and women, they are always there to fill emergency needs, whether it is removing a cinder from an eye, putting a bandage on a child's scraped knee and being available at any hour to fill a vital prescription.

This commemorative issue then honors these professional men and women in their fulfillment of man's service to man.









MPhA In Action Board of Trustees Meeting

NATHAN I. GRUZ, Executive Director

October 11, 1972

The following is a summary of actions taken at the October 11, 1972 meeting of the Board of Trustees:

- -Noted communication from the State Medical Society regarding exhibit for their annual meeting.
- —Noted receipt of letter from Dr. Peter P. Lamy, Chairman of the Maryland Society of Hospital Pharmacists' "Commission on Goals" requesting the opportunity to address the Board of Trustees.
- —Received President's report on attendance at Medical Assistance Advisory Committee meeting. He also recommended that a campaign for the distribution of Ipecac Syrup by pharmacies can be helpful to the public and an excellent public health activity for pharmacies. Dean Kinnard suggested that MPhA work jointly on this with the Poison Information Center.
- —Approved Treasurer's report.
- —The Executive Director reported on attendance at NARD meeting in Chicago and at meetings of State and Metropolitan Executive Directors. Major issues were HMO's and Unity in Pharmacy. The Executive Director is Chairman of the National Council of State Pharmaceutical Association Executives' Unity Committee which met with NARD Executive Committee and APhA Board of Trustees.

Also noted extensive activities with (1) third-party payment plans (2) legislation and (3) the Pharmaceutical Services Foundation. Attended meetings of the Washington County Pharmaceutical Association, BMPA and Board of Pharmacy. Participated in meeting of the Joint APhA-MPhA Student Chapter. The Committee for the Memorial to F. S. Balassone is considering a memorial lecture on Pharmacy Legislation.

The Executive Director announced that an MPhA group car leasing program has been arranged as well as a group workmen's compensation program with considerable savings to members. Group Blue Cross and Blue Shield coverage is again being investigated.

- —Charles H. Tregoe, Chief, Division of Drug Control, reported on the regulation to place Methaqualone on Schedule III of Controlled Dangerous Substances Act. The Board endorsed the proposed regulation.
- —Dr. Peter P. Lamy, Chairman of the Maryland Society of Hospital Pharmacists' "Commission on Goals" spoke to the Board on means to achieve closer cooperation between MSHP and MPhA suggesting joint committees in certain areas. The President stated that he would refer this to a committee for follow-up.

- -Received report from Dean Kinnard on the Medical Assistance Advisory Committee noting need for additional staff and a formulary system with utilization review.
- —The Tri-Partite Committee will meet on the matter of a Continuing Education Law. The Dean will meet with the AMA Council on Drugs as part of the Commission on Pharmacy of the American Association of Colleges of Pharmacy, which is concerned with the education of the pharmacist in the clinical area and examination of future roles. The report will have impact on Pharmacy and the manner in which the Federal Government will treat it.
- —The Pharmacy Subcommittee of the Medical Assistance Advisory Committee has recommended improvement of the pharmacy fee. The Executive Director met with Dr. Tayback regarding Medicaid policies. Mr. Gruz stressed the need for staff to address itself to HMO's and related problems in health delivery systems. Giant Pharmacy has received a contract from the State regarding unit dose systems and nursing homes.
- —Approved Convention Committee report noting that Hunt Valley Inn had been selected for the 1973 Convention site.
- —Approved Membership Committee report.
- —Approved report of the Constitution and Bylaws Committee noting disapproval of proposed amendments which had been presented by petition regarding role of House of Delegates as to budget approval and appointment of Executive Director.
- —Decided to protest the billing of pharmacies by the American Druggist for the Blue Book.

New Members

The following is a list of the new members approved at the October 11, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association:

William I. Cohen, Baltimore, Riker Laboratories (Associate)

Earl F. King, Columbia, Drug Fair

Joseph Libercci, Randallstown, Dart Drugs

James L. Madison, California, Riker Laboratories (Associate)

Anthony A. Rogalski, Baltimore, Henderson's Pharmacy Irvin Shure, Frederick, Frederick Memorial Hospital



Legend drugs in their own time

Proceedings and Minutes Maryland Pharmaceutical Association

House of Delegates

October 19, 1972

Valley Country Club, Towson, Md.

The meeting of the MPhA House of Delegates was called to order at 9:45 a.m. by the Speaker, Henry G. Seidman. Following the roll call by the Secretary, Nathan I. Gruz, the Speaker recognized in the audience: Simon Solomon, Honorary Life Member MPhA Board of Trustees, and Normand Pelissier, President of the Maryland Society of Hospital Pharmacists.

Speaker Seidman then offered a message of welcome and reviewed the rules under which the House would be conducted.

The minutes of May 9 were presented by Secretary Gruz as published in the August issue of *The Maryland Pharmacist*. They were approved as published with the addition of the following under election for Speaker: "A closed ballot vote was then held with Mr. Seidman elected as Speaker."

The Speaker announced the appointment of the following committees of the House:

Nominating Committee—Earl I. Kerpelman, Chairman; Joseph U. Dorsch, Donald O. Fedder, Irvin Kamenetz, Melvin Sollod, Charles Spigelmire, H. Nelson Warfield.

By-Laws Committee—S. Ben Friedman, Chairman; Melvin N. Rubin, Harry Wille.

Secretary Gruz reported on the schedule for nominations and elections in order to bring the procedure and slates up to date for the 1973-74 and 1974-75 Association years. The schedule will be:

Slate for 1973-74—

- (1) Nominating Committee to report slate at 1973 Spring Regional Meeting to include officers, two (2) trustees for the terms of Messrs. Lindeman and McHugh, the Speaker and the Vice Speaker.
- (2) Mail Ballot—to follow immediately.
- (3) Installation at 1973 Convention.

Slate for 1974-75—

- (1) Nominating Committee to report slate at 1973 Convention to include officers and two (2) trustees for the terms of Messrs. Freiman and Sollod.
- (2) Mail ballot to follow.
- (3) Installation at 1974 Convention.

Speaker Seidman gave a brief address on the role of the House of Delegates. He pointed out the main function was to serve as the legislative and policy-making body of MPhA with delegates representing all facets and geographical areas of pharmacy in Maryland.

President Bernard B. Lachman addressed the House on the programs involved in and proposed for the future. He touched on legislation, Medicaid, The Pharmaceutical Services Foundation and the implementation of the Drug Product Selection Bill (HB573).

President of the Board of Trustees, Nathan Schwartz, presented brief remarks. I. Earl Kerpelman was announced as Parliamentarian and as a new member of the Maryland Board of Pharmacy together with Ralph T. Quarles, Sr.

In the absence of Chairman Paul Freiman, Secretary Gruz delivered the Legislative Committee report.

- 1. Recommend an amendment to delete requirement for notification of prescriber when pharmacist makes drug product selection other than brand prescribed.
- 2. Sponsor requirement for re-examination for pharmacist re-registration which may be met by fulfilling continuing education standards as set by a Tripartite Committee made up of MPhA, University of Maryland School of Pharmacy and Maryland Board of Pharmacy.
- 3. Sponsor bill prohibiting sale or promotion of medication and vitamins in shapes and colors resembling characters, objects or candy.
- 4. Sponsor amendment to increase size of Board of Pharmacy, including a consumer and remove residential limitations.
- 5. Seek implementation of S.B. 621 requiring free choice of pharmacy in non-profit prescription insurance plans.
- 6. Provide forms to be used by members in notifying prescribers under H.B. 573.
- 7. To issue legislative newsletters when indicated.

Convention Trip Chairman Alder Simon reported on the forthcoming trip to Las Vegas. He indicated that 105 seats were sold.

Report of Committee on Constitution and By-Laws, Vice-Speaker Friedman presided with Mr. Seidman presenting the report for Chairman Sollod. On motion of Mr. Schwartz, seconded by Mr. Padussis, the following amendments were passed:

Amendment No. 1—To insert new nomenclature and reorganize Constitution and By-Laws, in the following manner:

A. Subdivisions under the principal title, MARY-LAND PHARMACEUTICAL ASSOCIATION

I'M A COUGH MEDICINE

I'M BOTH!

I'M A NOSE MEDICINE



That's right, Mr. Pharmacist.
Robitussin-PE is much more than just

a cough preparation. Of course, it contains glyceryl guaiacolate (ROBITUSSIN®), to relieve the cough. But that's only half the story. The rational formula also provides phenylephrine hydrochloride to help open stuffed-up noses and sinus passages. And because phenylephrine taken by mouth works systemically, there's less chance of rebound congestion than with topical preparations. Where should you display Robitussin-PE? Why among the cold remedies, of course. Remember it's both a cough and head cold medicine. The PE stands for phenylephrine, the nose opener.

A-H-ROBINS

A.H. Robins Company, Richmond, Virginia 23220



CONSTITUTION AND BY-LAWS, shall be designated CHAPTERS, which will refer to specific portions as follows:

CHAPTER I. Constitution, Maryland Pharmaceutical Association

CHAPTER II. By-Laws, Maryland Pharmaceutical Association

House of Delegates Art. XVI of CHAPTER II (p. 10)

CHAPTER III. By-Laws, House of Delegates

- B. Delete ARTICLES V and VI from the By-Laws and incorporate both in CHAPTER III, ARTICLES I and II.
- C. Renumber ARTICLE VII of the By-Laws as ARTICLE V and renumber all remaining articles accordingly.

Amendment No. 2—ARTICLE V. Amendment of Constitution add to paragraph 2: "due notice of this reading having been distributed to the membership prior to the meeting."

Speaker Seidman called upon Vice Speaker Friedman to read a report of Chairman Sollod on amendments proposed by petition by Messrs. A. Simon, D. Greenfeld, M. Meyers, I. Rudie and M. A. Friedman. The proposals for changing the role of the House regarding approval of the budget and appointment of the Executive Director were unfavorably reported by both the Constitution and By-Laws Committee and the Board of Trustees. A motion made by M. Leonard, seconded by L. Rosenberg, to adopt the report as unfavorable was passed.

Secretary Gruz announced the following: The PHARMPAC reception for October 26 was cancelled; Diabetes Detection Week activities for November 12-18 were outlined; a list of products with HCP was distributed; meeting of the Eastern Shore Pharmaceutical Society November 5.

New Business

- 1. Following a review of progress of the Pharmaceutical Services Foundation (PSF), Mr. Lubman moved for a resolution to recommend to PSF that MPhA membership be required of all PSF members, such resolution subject to review by legal counsel. Seconded by Kamenetz and passed.
- 2. Convention 1973. Chairman Padussis reported that Hunt Valley Inn, June 29 to July 1 was scheduled.
- 3. Legislative Proposals
 - A. Secretary Gruz presented Legislative Committee proposals with the following House action:
 - 1. Seek amendments to permit effective implementation of objectives of HB573. House approved.
 - 2. Require re-examination or continuing education for renewal of pharmacist re-registration. House approved.

- 3. Devise legislation prohibiting sale and promotion of medication and vitamins shaped or colored as toys or candy. House approved.
- 4. Increase number of members on Board of Pharmacy. Tabled.
- Mr. Norman J. Levin reported on a new fee schedule under the Pharmacy Law which has been recommended by state agencies.
- B. In motion by N. J. Levin and N. Schwartz, it was agreed to amend law to permit Department of Budget to set per diem payment for Board of Pharmacy members and Secretary.
- 4. Loss Leader Law. Mr. Kamenetz moved for investigation of the possibility of a loss leader law to include a prohibition on limitation of quantities. Seconded and passed.

Good and Welfare

- 1. President Lachman recommended that MPhA plan a program of distribution of free Ipecac Syrup through pharmacies.
- 2. In response to Mr. Leonard's question, it was pointed out that meetings of the Maryland Board of Pharmacy are open to all and are generally held the third Wednesday of the month.

Adjournment 12:30 p.m.

PHARMACY CALENDAR 1973

- January 28 (Sunday)—Baltimore Metropolitan Pharmaceutical Association Installation Banquet, Bluecrest North.
- February 8 (Thursday)—Maryland Society of Hospital Pharmacists meeting at South Baltimore General Hospital.
- February 15 (Thursday)—Baltimore Metropolitan Pharmaceutical Association General Meeting. "What The Employee Pharmacist Expects From His Associations." Towson Plaza Gardens. Cocktails at 8 p.m. Meeting 9 p.m.
- May 15 21—Maryland Pharmaceutical Association. Fiesta in Spain. Convention and tour.
- June 15 17—Eighth Annual Hospital Pharmacy Seminar—Maryland Society of Hospital Pharmacists, Diplomat Motel, Ocean City, Maryland.
- June 29 July 1—91st Annual Convention, Maryland Pharmaceutical Association, Hunt Valley Inn, near Baltimore.
- July 21-27—American Pharmaceutical Association Annual Meeting, Boston, Massachusetts.
- December 9-13—American Society of Hospital Pharmacists Midyear Clinical Meeting, New Orleans, Louisiana.

M prevention news

GOV. REAGAN AWARDED 2,000,000th COPY OF "PLAIN TALK ABOUT VD"

At a formal ceremony in which he was presented the 2,000,000th copy of Youngs Drug Products Corporation's booklet "Plain Talk About Venereal Disease," Governor Ronald Reagan was informed that the State is now showing its



Left to right: Bill Wickwire, Chairman of the Executive Committee of NARD, Governor Reagan, Fred Mayer, Chairman of NARD Venereal Disease Committee and Lewis R. Brenner, Youngs Product Development Manager, making award.

first signs of decrease in Gonorrhea in ten years. This decrease comes after a little more than two years of pharmacy's preventioncentered campaign against yenereal disease in California.

Presenting the 2,000,000th Pamphlet were Fred Mayer NARD Award Winning Pharmacist from Sausalito and Lewis Brenner, Young's Product Development Manager. A total of over 6,000,000 copies have been distributed nationally. The presentation was made at a State House meeting in Sacramento, which was part of the California Pharmaceutical Association's special "Legislative Day" program.

Governor Reagan paid high praise to the State pharmacist for being a prime source of distributing the two million "Plain Talk" pamphlets. A number of California clinics, youth groups, planned parenthood units and countless other volunteer organizations have also distributed the pamphlet.

40 STATE VD AWARENESS CAMPAIGNS PREDICTED BY THE END OF 1972

Before the start of 1973, Youngs Drug Products Corporation will have spearheaded pharmacy "prevention and awareness" campaigns against Venereal Disease in more than forty States. Youngs has already been a cosponsor to twenty-four state drives during 1972. And . . . the energetic company plans to put time, money and manpower in the form of VD education, prevention and treatment activities into an



John C. MacFarlane, Youngs Drug Products Corporation President, points to chart during press conference which launched Pennsylvania's VD Awareness and Prevention Month.

estimated 15 or more new State campaigns this year. In setting up the anti-VD drives, Youngs executives work hand-in-hand with local and state pharmaceutical associations and State administrative officials. Pharmacists in California, Colorado, Delaware, Florida, Hawaii, Illinois, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Pennsylvania, Tennessee, Washington, also New York City and Washington, D.C., have conducted VD "awareness and prevention" efforts.

YOUNGS "TELLS IT AS IT IS" IN 1972

In PENTHOUSE and PLAY-BOY. In BLACK SPORTS and FAMILY HEALTH. In PARENTS and in TRUE, that's where you and your customers will see Youngs 1972 Trojan brand prophylactic advertisements. And... this year they will be running in two colors with copy that stresses conception con-

trol as well as Venereal Disease prevention.

Across the nation, through every promotional device available...in magazines, newspapers, in-store displays, pamphlets and print and prime time TV publicity, Youngs is telling it as it is about the only positive VD preventative and male contraceptive...the condom. And...Youngs is the only major manufacturer of prophylactics who recommends the pharmacist in every ad.

MEET THE WORLD'S FIRST PROPHYLACTIC SALESWOMAN

Woman's lib is one thing...but whoever heard of a woman, young and attractive to boot, selling of all things, Trojans?



Pretty Jean Zucker ace West Coast Saleswoman stands before new Youngs product display. (New California legislation now permits open display of prophylactics).

Youngs Drug Products Corporation has earned a brilliant reputation for always being first, but isn't this going too far? Not so, according to John C. MacFarlane, Youngs Drug President and the man who hired 33 year old Jean Zucker to sell and supply male prophylactics and related intimate hygiene products to more than 400 pharmacies in West Los Angeles and Beverly Hills,

According to MacFarlane, Jean is the only member of her sex serving as a Trojan Sales Representative. The mother of three children, Jean loves her job and her sales record shows it! She claims there were a few raised eyebrows when she made her first sales calls but she was soon pleased to discover that pharmacists were more than happy to see her. Who wouldn'+ be!

MPhA Fall Regional and House of Delegates Meeting



-Photo by Paramount Photo Service

MPhA House of Delegates and Fall Regional Meeting, Valley Country Club, Towson, Maryland, October 19, 1972. Upper left: Attending Ladies Auxiliary Meeting are LAMPA officers: (1 to r) Mrs. Richard R. Crane, Communications Secretary; Mrs. Manuel B. Wagner, Membership Treasurer; Mrs. Louis M. Rockman, President; and Mrs. Charles S. Austin, Treasurer. Middle left: Members of MPhA House of Delegates in session. Lower left: LAMPA luncheon guests. Middle right: Officers of MPhA and House of Delegates:

(1 to r) S. Ben Friedman, Vice Speaker; Bernard B. Lachman, MPhA President; Henry G. Seidman, Speaker; Nathan I. Gruz, Executive Director and Secretary of House of Delegates; Nathan Schwartz, Chairman, MPhA Board of Trustees. Upper right: State Senator Harry McGuirk, center; with Bernard B. Lachman, right; and Nathan I. Gruz. Lower right: Past President's award presented to Nathan Schwartz (right) by Gerald Bringenburg, E. R. Squibb Division Manager.

140/90 is normal blood pressure...or is it?

An extensive study based on nearly 4 million life insurance policies suggests that a blood pressure reading of 140/90 requires close medical supervision.

Study Findings. Twelve years ago the Society of Actuaries reported on an extensive study based on the lives and deaths represented by almost 4 million life insurance policies. From this vast survey—"The Build and Blood Pressure Study"1insurance experts concluded that:

- Blood pressure above 140/90 is accompanied by increased morbidity and requires close medical attention.
- Even small increments in either systolic or diastolic blood pressure progressively and steeply shorten life expectancy.

Other Studies. Studies conducted with large numbers of patients since that time have echoed the above findings. Two studies published in 1970 — the VA Cooperative Study Group on "Effects of Treatment on Morbidity in Hypertension"² and the "Framingham Study" - suggest that treatment of even mild hypertension may, over time, offer significant benefits to the patient.

Another Point of View. Although a growing body of studies suggests that treatment of mild hypertension is warranted, medical opinion is not unanimous. Some clinicians recommend that drug treatment for mild hypertension be reserved for patients with additional risk factors such as smoking, high cholesterol

levels, heart or kidney involvement, or a family history of vascular disease. Dr. Walter M. Kirkendall stated this position in his recent paper "Ŵhat's With Hypertension These Days?"4 Discussing the management of hypertension in patients with a sustained diastolic pressure up to 100 mm Hg, he said: "Generally, I do not recommend antihypertensive therapy unless patient's blood pressure approaches the upper limit for the group and a number of adverse factors exist, such as male sex, family history of vascular disease, youth, evidence of heart or kidney involvement."

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when MSD therapy is prolonged.

25- and 50-mg tablets

(Hydrochlorothiazide MSD)

Therapy to Start With

For a brief summary of prescribing information, please see next page.



1. Society of Actuaries, The Build and Blood Pressure Study, 1959.
2. Veterans Administration Cooperative Study Group on Antihypertensive Agents, "Effects of Treatment on Morbidity in Hypertension," JAMA 213:1143-1152, Aug. 17, 1970.
3. Kannel, William B., et al.: "Epidemiologic Assessment of the Role of Blood Pressure in Stroke—The Framingham Study," JAMA 214:301-310, Oct. 12, 1970.
4. Kirkendall, Walter M.: "What's With Hypertension These Days?" Consultant, Jan. 1971.

25- and 50-mg tablets

HydroDIURIL® (HydrochlorothiazidelMSD)

Therapy to Start With

Drug Therapy for Hypertension. Although opinion varies on when to start drug therapy for mild hypertension, many physicians agree that treatment should start with a thiazide diuretic such as HydroDIURIL. For the adult patient, the usual starting dosage is 50 mg b.i.d. Dosage adjustments are recommended as the patient responds to treatment. The patient whose therapy begins with HydroDIURIL frequently can continue to benefit from it, because HydroDIURIL usually maintains its antihypertensive effect even when therapy is prolonged.

Contraindications: Anuria; hypersensitivity to this or other sulfonamide-derived drugs; routine use in an otherwise healthy pregnant woman with or without mild edema.

Warnings: Use with caution in severe renal disease since thiazides may precipitate azotemia and cumulative effects may develop. Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. May add to or potentiate action of other antihypertensive drugs; potentiation occurs with ganglionic or peripheral adrenergic blocking drugs. Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma. Possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Usage in pregnancy: Thiazides cross placental barrier and appear in cord blood; in pregnancy or in women of childbearing potential, weigh anticipated benefit against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions that have occurred in adults. Nursing mothers: Thiazides appear in breast milk; if use of drug is deemed essential, patient should stop nursing.

Precautions: Perform periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe all patients for clinical signs of fluid or electrolyte imbalance, namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when patient is vomiting excessively or receiving parenteral fluids. Warning signs, irrespective of cause, are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, with concomitant corticosteroid or ACTH therapy, or with inadequate oral electrolyte intake. Hypokalemia can sensitize or exaggerate response of heart to toxic effects of digitalis (e.g., increased ventricular irritability). Hypokalemia may be avoided or treated by use of potassium supplements, such as foods with a high potassium content. Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction, rather than administration of salt except in rare instances when the hyponatremia is life threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients. Insulin requirements in diabetic patients may be increased, decreased, or unchanged; latent diabetes

mellitus may become manifest. Thiazides may increase responsiveness to tubocurarine. Antihypertensive effects of the drug may be enhanced in postsympathectomy patients. May decrease arterial responsiveness to norepinephrine; this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. If progressive renal impairment becomes evident, consider withholding or discontinuing diuretic therapy. Thiazides may decrease serum PBI levels without signs of thyroid disturbance. Pathological changes in the parathyroid glands with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged therapy; the effect of discontinuance of therapy on serum calcium and phosphorus levels may be helpful in assessing the need for parathyroid surgery in such patients.

When used with other antihypertensive drugs, careful observations for changes in blood pressure must be made, especially during initial therapy. Dosage of other antihypertensive agents must be reduced by at least 50 percent as soon as this drug is added to the regimen. As blood pressure falls under the potentiating effect of this agent, further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary.

Adverse Reactions: Gastrointestinal System—Anorexia; gastric irritation; nausea; vomiting; cramping; diarrhea; constipation; jaundice (intrahepatic cholestatic jaundice); pancreatitis; sialadenitis.

Central Nervous System-Dizziness; vertigo; paresthesias; headache; xanthopsia.

Hematologic-Leukopenia; agranulocytosis; thrombocytopenia; aplastic anemia.

Cardiovascular-Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity—Purpura; photosensitivity; rash; urticaria; necrotizing angiitis (vasculitis) (cutaneous vasculitis); fever; respiratory distress; anaphylactic reactions.

Other-Hyperglycemia; glycosuria; hyperuricemia; muscle spasm; weakness; restlessness; transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

How Supplied: Tablets containing 25 mg hydrochlorothiazide each in bottles of 100 and 1000 and single-unit packages of 100; Tablets containing 50 mg hydrochlorothiazide each in bottles of 100, 1000, and 5000 and single-unit packages of 100.

For more detailed information, consult your MSD MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486



Pension & Investment Associates of America, Inc.

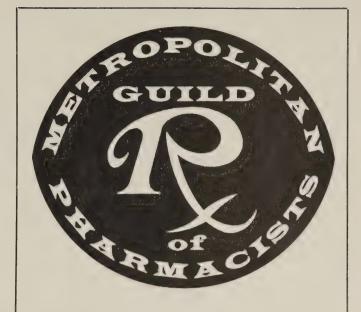
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MARYLAND PHARMACEUTICAL ASSOCIATION

Individual Retirement Plans
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HR-10.. Plans (Sole Proprietor-Partnerships)
Mutual Funds

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of October:

New Pharmacies

The James Lawrence Kernan Hospital-Pharmacy, James McHenry, President; Windsor Mill Rd. and Forest Park Ave., Baltimore, Maryland 21207.

Drug Fair No. 155, Milton L. Elsberg, President; 544 Benfield Road, Severna Park, Maryland 21146.

No Longer Operating As Pharmacies None

Changes of Ownership, Address

Laurel Medical Pharmacy, Myron A. Shumway, Jr., President (Change of ownership); 321 Prince George St., Laurel, Md. 20810.

Revco Drug Centers, D. M. Robinson, President. (Change of name of all White Cross)

133 Baltimore St., Cumberland, Md. 21502

215 West Lexington St., Baltimore, Md. 21201

501 South Broadway, Baltimore, Md. 21231

6852 Reisterstown Rd., Baltimore, Md. 21215

0852 Reisterstown Rd., Baltimore, Md. 21215

3808 Eastern Ave., Baltimore, Md. 21224

913 Taylor Ave., Baltimore, Md. 21204

1969 East Joppa Road, Baltimore, Md. 21234

5305 Baltimore National Pike, Baltimore, Md. 21229

1820 Earhart Road, Baltimore, Md. 21221

2315 North Point Boulevard, Baltimore, Md. 21222

Giant, Zayre Shopping Center, Hagerstown, Md. 21740

60-64 West Washington St., Hagerstown, Md. 21740.

Packett's Pharmacy, Inc., Joel S. Swartz, President (Change of corporation); 8706 Flower Avenue, Silver Spring, Maryland 20901.

Marley Pharmacy, Inc., Stanley Scherr, President (Change of address); 7445 Furnace Branch Road, Glen Burnie, Maryland 21061.

CHANGE OF ADDRESS

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Please inform this office four weeks in advance to avoid undelivered issues.

"The Maryland Pharmacist" is not forwarded by the Post Office when you move.

To insure delivery of "The Maryland Pharmacist" and all mail, kindly notify the office when you plan to move and state the effective date. APhA members—please include APhA number.

Thank you for your cooperation.

Nathan I. Gruz, Editor Maryland Pharmacist 650 West Lombard Street The Maryland Board of Pharmacy met at the office of the Secretary, 610 North Howard Street, Baltimore on Wednesday, November 29, 1972 to canvass the grades made in the examinations conducted by the Board on November 13 and 14, 1972. Registration will be granted to:

David J. Buresh Christine M. Gray Ann Marie Govekar Gordon Harris Larry C. Hawe Sharon E. Hobby William J. Horstman Thomas Humbert
Francis J. Hussion
Donald J. O'Such
Regenia M. Phillips
William H. Phillips, Jr.
Carlton M. Thygesen
Clifford A. Zarow

Having previously passed the theoretical examination and by virtue of having passed the practical examination, at this time, registration will be granted to:

John J. Donovan, Jr. Joseph L. Fine Randall S. Hromika Julia B. Kerchner Georgette A. Khalil Marjorie L. Klein

Mary L. McElwee Harley Sanders John M. Singer Sarah J. Singer Zinaida Szafer

The following passed the theoretical examination, but registration is withheld until she has met the legal requirements for practical pharmacy experience and has passed an examination in practical pharmacy:

Lenka Homonnay Prever

Prince Georges Montgomery County Pharmaceutical Association



-Photo by Paramount Photo Service

Officers of the PGMCPA at the 18th Annual Scholarship Affair, Washingtonian Country Club and Shady Grove Music Fair: (1 to r) Herman Bloom, Executive Committee (exofficio); Paul Reznek, Secretary; Edward Sandel, Third Vice President; Edward D. Nussbaum, President; and S. Ben Friedman, First Vice President.

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CONTINUING EDUCATION DIVISION UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY

CONTINUING EDUCATION PROGRAMS

Duplicate Presentations—Different Locations

* SUNDAY, JANUARY 21, 1973 - BALTIMORE, MD.

University of Maryland Baltimore County (UMBC) Wilkens Ave. Lecture Hall One—1:00 to 5:00 P.M.

★ SUNDAY, MAY 6, 1973 - SALISBURY, MD.

Holiday Inn, Salisbury, Md., Delmar Blvd. North-1:00 to 5:00 P.M.

SELECTED TOPICS IN PHARMACY MANAGEMENT—MODERN CONCEPTS

Updated realistic considerations of some vital areas of pharmacy practice. Discussions will include (1) Financial Statement Analysis (How well is YOUR Pharmacy doing); (2) Locational Analysis (Should you renew your lease); (3) The cost of Providing Professional Services; (4) Pharmaco-Legal considerations in practice; (5) Other problems of Contemporary Pharmacy Management.

Faculty: Dean E. Leavitt, Ph.D., Course Director, Associate Professor and Chairman, Department of Pharmacy Administration, University of Maryland School of Pharmacy; Mr. Joseph F. Kaufman, J.D., Lecturer, Mr. Edward T. Kelly, Instructor, both in the Department of Pharmacy Administration, University of Maryland School of Pharmacy.

★ EVENING COURSE—BEGINNING MARCH 6, 1973

SELECTED ASPECTS OF CLINICAL BIOCHEMISTRY: An Introduction to Laboratory Medicine

This course will include (A) A Study of Blood and Body Fluids with Emphasis on Electrolytes, on Acid Base Balance, Anemias and Blood Clotting; and (B) Discussions on Metabolism, encompassing General Metabolism/Thyroid Function Tests; Sugars/Glucose and Glucose Tolerance; Fats/Cholesterol, Triglycerides and Lipoproteins; Enzymes in Clinical Diagnosis; BUN/Kidney Functions Tests; Bilirubin/Liver Function Tests.

Faculty: Nicholas Zenker, Ph.D., Course Director, Professor and Chairman, Department of Medicinal Chemistry, University of Maryland School of Pharmacy; Herbert A. Kushner, M.D., Assistant Professor of Medicine, School of Medicine University of Maryland and Assistant Professor, Department of Pharmacy, School of Pharmacy University of Maryland; Anthony S. Manoguerra, Pharm. D. Instructor, Department of Pharmacy, School of Pharmacy University of Maryland; and John B. Young, Pharm. D. Assistant Professor, Department of Pharmacy, School of Pharmacy University of Maryland.

Six weeks, Tuesday Evenings, March 6, 13, 20, 27; April 3, 10. Room 201, Allied Health Professions Building, N.W. Cor., Greene & Lombard Streets, Baltimore. 7:30 to 9:30 P.M.

For ADDITIONAL INFORMATION, CALL OR WRITE HENRY G. SEIDMAN, Director of Continuing Education University of Maryland School of Pharmacy. Phone 528-7589; 528-7650.

Registration Application Continuing Education Program University of Maryland School of Pharmacy

SELECTED ASPECTS OF CLINICAL BIOCHEMISTRY: AN INTRODUCTION TO LABORATORY MEDICINE

| AN INTRODUCTION TO LABORATORY MEDICINE |
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| Six Evenings, March 6 thru April 10, 1973 |
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SELECTED TOPICS IN PHARMACY MANAGEMENT

Duplicate Programs—Different Locations

| Sunday, Jan. 21, 1973 UMBC | Sunday, May 6, 1973 SALISBURY, MD. |
|----------------------------|------------------------------------|
| NAME | |

PHONE



Eastern Shore Pharmaceutical Society

Reported by Samuel Morris, Secretary

The Eastern Shore Pharmaceutical Society held their fall meeting at the Crown Inn in Easton, on Sunday evening, November 6, 1972.

After a brief business meeting which was called to order by Mr. William P. Smith, President, a delicious dinner was served.

Dr. Thomas S. Sisca, Clinical Pharmacist at the Memorial Hospital in Easton, Maryland, spoke on the subject "The Clinical Aspects of Practicing Pharmacy in the Community Environment."

Acknowledging the physician as the most important factor in the chain that leads to the final dispensing of the prescription, Dr. Sisca said, "the responsibility of the pharmacist is not only to use his professional knowledge and skill to compound the prescription, but also to counsel the patient so that he would get the maximum benefit from his doctor's prescription. The pharmacist should caution the patient as to the proper times of administration, the possible interaction with food or medicines, the proper storage, and expiration date of the medications."

"The pharmacist, with the assistance of a patient profile systems, would be able to check for allergic reaction history and for the possibility that previously prescribed medications of a patient would not conflict with the newly prescribed medication."

"The pharmacist should no longer be the busy inaccessible, but the interested professional doing his share as part of the health team in guiding the patient to a speedy recovery."

MARYLAND SOCIETY OF HOSPITAL PHARMACISTS

The November 9, 1972 meeting of the Maryland Society of Hospital Pharmacists was held at Schrafft's Colony 7 Motor Inn. The joint meeting with the District of Columbia Society of Hospital Pharmacists included a dinner and Unit Dose Program sponsored by Abbott Laboratories. The panel members were Dr. Peter P. Lamy, moderator; Patrick H. Birmingham, Good Samaritan Hospital, Baltimore; Arthur N. Riley, University Hospital, Baltimore; Adolph Biasini, Holy Cross Hospital, Silver Spring; and Deszo Toth, Rogers Memorial Hospital, Washington, D.C.

Each speaker explained the unit-dose program in operation at his hospital and this was followed by a question and answer session. Closing remarks were presented by Mr. Alan Brumbaugh, Manager, Marketing, Hospital Products Division, Abbott Laboratories.

Upper Bay Pharmaceutical Association

(formerly Tri-County Pharmaceutical Association)

Seventeen members of the Upper Bay Pharmaceutical Association met at the Bush River Yacht Club in Abingdon, Maryland on November 22, 1972. The slate of officers elected for 1973 is as follows:

| President | Edward D. Sears |
|-----------------------|-------------------|
| First Vice President | Uldis V. Prionis |
| Second Vice President | Francis X. Herold |
| Secretary | David Ayres |
| Treasurer | |
| Executive Committee | Jonas J. Yousem |

Committee Chairmen:

| Public Relations | Eugene M. Streett |
|------------------|-----------------------|
| | John T. Deems |
| | William Williams |
| Program | Robert M. Pilson, Jr. |

By a majority vote of the members, the name of the association was changed from the Tri-County Pharmaceutical Association to the Upper Bay Pharmaceutical Association. This was done to provide a name which more clearly defined the geographical location with the aim of expediting official recognition by the Maryland Pharmaceutical Association.

The evening speaker was Sgt. Merrill Messick of the Maryland Stafe Police Investigative Division. His talk centered around "armed robbery" and how the pharmacist should react in such a situation.

An installation dinner-dance will be held at the Quality Court Motel, Aberdeen, on January 27, 1973.

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In conjunction with the University of Maryland Hospital (Preceptor, Vincent de Paul Burkhart, M.S.), The Johns Hopkins Hospital (Preceptor, Henry J. Derewicz, M.S.) and Maryland General Hospital (Preceptor, Mr. Robert E. Snyder).

2. Clinical Pharmacy

In conjunction with the University of Maryland Hospital (Preceptor, Robert A. Kerr, Pharm.D.).

3. Drug Information

In conjunction with the Maryland Regional Drug Information Center (Preceptors, Miss Winifred Sewell and Anthony Manoguerra, Pharm.D.) and the University of Maryland Hospital.

Please address all inquiries to:

Peter P. Lamy, Ph.D.
Professor of Pharmacy
Director
Institutional Pharmacy Programs
University of Maryland
School of Pharmacy
636 W. Lombard Street
Baltimore, Maryland 21201

TAMPA NEWS

This year's chosen charity for the Traveler's Auxiliary of the Maryland Pharmaceutical Association is the Baltimore League For Crippled Children, according to Memorial Fund Chairman Louis M. Rockman. Contributions should be sent to William A. Pokorny, 309 Gralan Road, Baltimore, Maryland 21228.

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A.Z.O. News

Kappa Chapter of A.Z.O. Pharmaceutical Fraternity held a meeting on October 25 at Migan's Randallwood Inn. The Fraternity held an open house on December 6 at their new fraternity house located at 3501 Chapman Road. This was followed by a general meeting. The AZO Winter Carnival at Pines was scheduled for January 12-14.

Sustaining Members Maryland Pharmaceutical Association

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Obituaries

Charles B. Gass

Charles B. Gass, 83, registered in Maryland by reciprocity, died on November 29.

James H. Adams

James H. Adams, 68, native of Cambridge, Maryland and graduate of the Philadelphia College of Pharmacy class of 1926, died on December 5.

Paul Goodwich

Paul Goodwich, 67, graduate of the Columbia University School of Pharmacy and former district manager for the Carroll Drug Company, died on December 1.

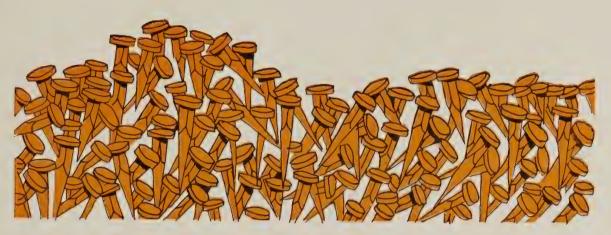
Diabetes Week-Preliminary Test Results

According to Dr. Julius W. Reed, chairman of the recent Diabetes Detection Week Program, a total of 5,490

persons were tested in the seven Metropolitan clinics. His preliminary report of the screening program shows 1,631 persons or 29.7 per cent tested positive. Those with positive tests will be rechecked under controlled conditions before being referred to their private physicians. The public was also directed to get free tests for diabetes by asking their pharmacist for a mail-in diabetes test (Dreypak). Pharmacists may obtain the Dreypaks year round from the office of the Maryland Pharmaceutical Association.



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the maryland pharmacist

History of the Baltimore Veterans Druggists' Association by B. F. Allen, Ph.D.

Pharmacy Regulations— The Nursing Home by John J. O'Hara

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore, Md. 21201. Subscription price \$5.00 a year. Entered as second class matter December 10, 1925, at the Post Office at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial . . .

PREPARING FOR THE FUTURE

The Dichter Institute for Motivational Research Report on public attitudes toward the profession of pharmacy, presented at the APhA House of Delegates Special Session in Cincinnati in November, did not reveal anything startling or surprising. For many years, pharmacy leaders have been preaching the need to emphasize our professional role to the public. But as the report points out, "The pharmacist has lost his professional standing with the patient and cannot expect to regain it while trying to remain both a professional and a 'tradesman'."

A Maryland State Superior Court judge recently ruled that the 1971 law, which forbids Maryland pharmacies to advertise the prices of prescription drugs is unconstitutional. Replying to the argument that the advertising of prescription drugs would demean the profession by creating rivalry, the judge said the pharmacist occupies a dual role as a professional and a retailer. "His functions include not only the compounding of drugs in filling prescriptions, but such commercially oriented endeavors as merchandising and marketing."

We know that the pharmacist of the future will have a different role than he has today. Tomorrow's pharmacist will be the drug expert-consultant to the physician and layman. This new breed of pharmacist will most probably be involved with prescribing, in addition to dispensing which will be handled by technicians under his supervision. Of course, this will require a different educational curriculum than what we have received. Already changes are taking place in the education and training of today's pharmacists.

The commercial aspect of pharmacy will be with us for some time. However, we must not let this aspect overshadow the real reason for our existence. We can and must continue to provide personal attention and professional services to our patients. A patient profile system is a must in today's practice. Whereas years ago our patients and their families would visit one general practitioner with their medical problems, today's patients are more often seeing more than one specialist. Thus, the problem of drug interactions is increased.

Patient contact is another important necessity. There must be some point of contact between the patient and the pharmacist, between the time the patient brings in a prescription order and the time the patient leaves with the finished prescription. The practice of having clerks receive and give out prescriptions leaves much to be desired. The patient who has a question about his prescription often gets the impression that the pharmacist is too busy to be bothered. This must not happen.

In summary, we have to think of the prescription as a service to a patient rather than as a sale to a customer.

We have to keep our knowledge current by attending continuing education programs and by reading pharmacy journals. We have to be aware of how Pharmacy is changing. This is the only way we can continue to call ourselves professionals.

-Normand A. Pelissier

PHARMACY CALENDAR

March 8 (Thursday) — Maryland Society of Hospital Pharmacists meeting at Maryland General Hospital.

March 18-24—National Poison Prevention Week.

March 28 (Wednesday)—University of Maryland School of Pharmacy Alumni Association Dinner at Valley Country Club, Towson.

April 12 (Thursday)—Maryland Society of Hospital Pharmacists meeting at Union Memorial Hospital.

May 15-21—Maryland Pharmaceutical Association. Fiesta in Spain. Convention and tour.

June 15-17—Eighth Annual Hospital Pharmacy Seminar—Maryland Society of Hospital Pharmacists, Diplomat Motel, Ocean City, Maryland.

June 29 - July 1—91st Annual Convention. Maryland Pharmaceutical Association. Hunt Valley Inn, near Baltimore.

July 21-27—American Pharmaceutical Association Annual Meeting, Boston, Massachusetts.

December 9-13—American Society of Hospital Pharmacists Midyear Clinical Meeting, New Orleans, Louisiana.

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of November:

New Pharmacies

Leader Drugs, Milton L. Hillman, President; 5856 Thunder Hill Road, Columbia, Maryland 21045.

The Slade Pharmacy, Inc., Harvey Silberg, President; 600 Reisterstown Road, Pikesville, Maryland 21208.

Giant Pharmacy No. 209, J. B. Danzansky, President; 17821 Georgia Avenue, Olney, Maryland 20832.

Read's, Inc., Arthur K. Solomon, President; 6901 Security Boulevard, Baltimore, Maryland 21207.

Village Green Pharmacy, Murry Gellman, President; 3470 Olney-Laytonsville Road, Olney, Maryland 20702.

Drug Fair No. 153, Milton L. Elsberg, President; 50 Washington Center, Hagerstown, Maryland 21740.

No Longer Operating As Pharmacies

Gardenville Pharmacy, Bertha Greenberg; 5451 Belair Road, Baltimore, Maryland 21206.

Dickman's Pharmacy, Arnold L. Dickman; 7112

Darlington Drive, Baltimore, Maryland 21234.

Montgomery Hills Pharmacy, Inc., Joseph Brenner, President; 9400 Georgia Avenue, Silver Spring, Maryland 20910.

Changes of Ownership, Address

Olney Drugs, Inc., Florence Berlin, President (Change of ownership); 18100 Georgia Avenue, Olney, Maryland 20832.

Adelphi Terrace Pharmacy, M. Sollod, G. Dechter (Change of address), 9139 Riggs Road, Adelphi, Maryland 20783.

Rodman's Drugs, Rachmill Schlafstein, President (Change of Name); 6305 Allentown Road, Camp Springs, Maryland 20031.

Mount Washington Pharmacy, David W. Walker, President (Change of ownership); 1612 Kelly Avenue, Baltimore, Maryland 21209.

The following are the pharmacy changes for the month of December:

New Pharmacies

South Potomac Family Pharmacy, Inc., Richard J. Williamson, President; 9401 Indian Head Highway, Oxon Hill, Maryland 20022.

No Longer Operating As Pharmacies

Okrasinski's Pharmacy, Joseph L. Okrasinski, 101 South Broadway, Baltimore, Maryland 21231.

Parkside Pharmacy, Inc., Harold L. Cooper, President, 4810 Bowleys Lane, Baltimore, Maryland 21206.

Change of Ownership, Address

Westview Midway Pharmacy, Alder Simon, President (Change of ownership & name), 4901 Frankford Avenue, Baltimore, Maryland 21206.

MPhA Fall Regional Convention Roundup

Las Vegas, Nevada October 22-25, 1972

A meeting was held with representatives of the Nevada State Pharmaceutical Association and Nevada Board of Pharmacy. Robert Lehman, President of the Nevada State Pharmaceutical Association and Stewart Pacquette, Executive Secretary, attended. The Nevada Board of Pharmacy was represented by Ronald Hudson, State Drug Inspector.

The program included discussion of the Third Party plans in Maryland and Nevada. The methods of administration of Medicaid in both states were reviewed and a question and answer period followed.

A session, featuring a presentation on "Psychotropic Drugs and Their Effects on Society" by Frederic Glass, M.D., concluded with a question and answer period.

Alder Simon was the Convention Chairman of the trip which proved both educational and enjoyable to all in attendance.

TAMPA News

As reported by William A. Pokorny, Secretary-Treasurer

The Annual Christmas Meeting of the Traveler's Auxiliary of the Maryland Pharmaceutical Association was held at the Phil-Mar Inn on Pulaski Highway on December 7. Starting at 6:00 p.m. egg nog and cocktails were served, with good fellowship predominating. A fine meal of steak, potatoes, string beans was served and enjoyed by all.

John Matheny, President, called the meeting to order and announced that all reports would be dispensed with, with the exception of the Secretary's report and that of Louis Rockman our Memorial Fund Chairman. The Secretary's report was accepted as read. Lou Rockman announced that this year TAMPA will send \$100. to the League of Crippled Children.

Mr. Matheny then announced that TAMPA's Annual Oyster Roast will be held on the 1st Saturday in February at the Penn Hotel. Also that a fifty-fifty raffle will take place. At this time, our speaker for the evening, Mr. Stuart Baltimore of Blue Cross, gave a splendid and enlightening talk on no-fault insurance which everyone received with gusto. Many thanks to Stu and John Stieffel who assisted him on questions and answers.

A vote was taken to accept Mr. Wayne Edwards as a new member of TAMPA and passed unanimously. Congratulations Wayne, it's nice to have you aboard. Our President then announced that Mr. Paul Feeley, Public Defender for Baltimore County will be our guest speaker for January's good will meeting which will be held on January 10 at the Phil-Mar Inn. A motion to adjourn was made by Bill Kolb and seconded by Herman Bloom.



Legend drugs in their own time

MPhA In Action Board of Trustees Meeting

NATHAN I. GRUZ, Executive Director

November 16, 1972

The following is a summary of actions taken at the November 16, 1972 meeting of the Board of Trustees:

- —Noted receipt of letter from Dean Kinnard including report of vitamins involved in poisoning of children.
- —Noted receipt of communication from E. Claiborne Robins, President of A. H. Robins, in connection with Mr. Gruz's participation in the Bowl of Hygeia ceremonies in Richmond, Virginia. Mr. Gruz attended as President of the National Council of State Pharmaceutical Association Executives.
- —Noted correspondence from NARD opposing proposed prescription status for Schedule V narcotic drugs.
- —Other communications included a letter from HEW announcing establishment of a special task force on third party payment programs with a request for input; letter from Proprietary Association which included a model state poison prevention packaging act and a report from the USP regarding negotiations stalemate with APhA's N.F.
- —Accepted President's report noting his attendance at the special meeting of the APhA House of Delegates in Cincinnati. Major topics included professional roles for the pharmacist, including auto-therapy; drug product selection legislation; and consumerism.
- —Approved Treasurer's report.
- —The Executive Director reported on his attendance at special meeting of the APhA House of Delegates and his participation in the Pharmacy Stamp First Day of Issue Ceremonies as President of the NCSPAE. Noted attendance at Tri-Partite Committee meeting on mandatory continuing education legislation; DuMez lecture at University of Maryland School of Pharmacy delivered by APhA President Latiolais; MPhA Regional and House of Delegates meeting; APhA Leadership Conference on Continuing Education; Pharmaceutical Services Foundation meeting; Board of Pharmacy; Maryland Society of Association Executives; HEW task force on third party payment programs and BMPA Annual Meeting.
 - Other activities included guidelines for peer review; conferences with legal counsel, Joseph F. Kaufman; and Annual TAMPA Ladies Night. The Executive Director reported that NPIC has received an HEW grant to develop a uniform cost accounting system to determine the cost of filling a prescription.
- —Accepted Convention Committee report noting success of regional meeting trip to Las Vegas and excellent program which included Dr. Frederick Glass and a meet-

- ing with the Nevada State Pharmaceutical Association and the State Board of Pharmacy. Also visited and inspected pharmacies in the area.
- —Heard Prescription and Insurance Plans Committee report on local 570 which agreed to freedom of choice of pharmacy. Prescription Plan System (PPS) of New York was investigated. Possible legislation for regulation of third party payment plans was discussed.
- —Approved Membership Committee report noting decrease in proprietor and chain store categories with slight increase in hospital pharmacists category.
- —Accepted Peer Review Committee report noting extensive activity in drafting guidelines. Follow-up plans for implementing peer review were outlined.
- —Heard Public Relations Committee report on Diabetes Detection Week activities and media publicity. Dreypaks were distributed through wholesalers as were schedules for diabetes and T.B. tests, posters and counter stands for Dreypaks. Board Chairman Schwartz reported on extensive activities in Anne Arundel County during Diabetes Detection Week.
- —Adopted position indicating great concern on matter of various firms using the same name for both pharmacies and non-pharmacy units and requested Board of Pharmacy to act on this at once.
- —Discussed developments regarding various OTC drugs such as Cyclizine and Methapyrilene. Attention should be given to the sale of such drug products outside of pharmacies. Members should be advised to report on increased sales of suspected abuse items to MPhA.
- —Heard Trip Chairman outline the Spain convention and study tour of May 15-21 indicating cost to be approximately \$659.00 per couple, including tax and gratuities, MAP.
- —Heard legal counsel Joseph F. Kaufman report on possible legislation on continuing education, consumerist and loss-leader law limiting quantity.
- —Accepted report from MPhA delegate to APhA House of Delegates meeting, Henry G. Seidman. Mr. Seidman, as MPhA House Speaker, then reported on the MPhA House of Delegates meeting. Appointments of the House Nominating and Bylaws Committee were made. The Speaker recommended that instructive and educational sessions be held the same day as the House of Delegates meeting and suggested working sessions of committees in the morning and House of Delegates session in the afternoon.

(Continued on Page 17)

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists

The December 14 meeting of the Maryland Society of Hospital Pharmacists was held at the Alumni Lounge of the University of Maryland Student Union in Baltimore. Guest speaker was Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association. Mr. Gruz spoke on mutual goals for Pharmacy.

At the business meeting which followed, Thomas E. Patrick, a Society delegate to the ASHP Special Session of the House of Delegates, reported on that meeting which was held in Las Vegas on December 3. A motion was passed to make a contribution to the Heart Fund in memory of Marty Rochlin of Loewy Drug Company.

The following new members were accepted into the Society: Margaret W. Lew, Staff Pharmacist, Stella Maris Hospice; Berry Joe Means, Resident, Johns Hopkins Hospital; Matthew J. Celozzi, Staff Pharmacist, Greater Baltimore Medical Center; Gerald W. John, Resident, University of Maryland Hospital; Ronald L. Broekemeir, Resident, U.S.P.H.S. Hospital; Thomas J. Walker, Associate Chief, U.S.P.H.S. Hospital; Robert Mark Steinhauer, Staff Pharmacist, U.S.P.H.S. Hospital; Stephany Knower, Resident, U.S.P.H.S. Hospital, Clyde Y. Hirata, Staff Pharmacist, U.S.P.H.S. Hospital. New Associate members included Leon Goodman, State of Maryland; John J. O'Hara, Drug Inspector, State of Maryland; Catalina M. Franco, Drug Fair; William G. Dellinger, Upjohn Co., Richard W. Hopkins, Cooper Laboratories and Gregory Dunn, Ayerst Laboratories. Student members approved were Charles R. Downs, Stephen P. Boykin, Wasyl Tymiuk and Arnold E. Clayman, all of the class of 1973.

ASHP's Midyear Clinical Meeting Sets Attendance Record

House Deletes APhA Membership Requirement

More than 1,900 persons attended the Seventh Annual Midyear Clinical Meeting of the American Society of Hospital Pharmacists, December 3-7, in Las Vegas, setting a new attendance record for the five day meeting.

In addition to the general sessions, special programs included ten different clinic forums (current practice clinics) and eighty papers presented by pharmacists. The Exhibit program included 96 technical and scientific exhibitions.

At a special session held on the first day of the meeting, the House of Delegates deleted the ASHP Bylaw provisions that require active and student members of the Society to be members of the American Pharmaceutical Association. At the same time, the House left intact a

Bylaw provision which states that the ASHP shall be affiliated with the APhA, and it strongly affirmed its intention to strengthen its relationship as an affiliate of the APhA through a "more equitable and viable affiliation agreement."

The resolution which called for suspension of the joint membership requirement, with continued affiliation, had been unanimously adopted by the ASHP Board of Directors. The full text is as follows:

WHEREAS problems have arisen in implementing the present affiliation of the American Society of Hospital Pharmacists and the American Pharmaceutical Association, and

WHEREAS efforts over many years to resolve these problems have not met with success, therefore be it

RESOLVED that the requirement for APhA membership found in the Society's Bylaws, Chapter I, Membership, Articles I(a) and I(c)(2) be suspended by deleting, respectively, the words "... who are members of the American Pharmaceutical Association" and "Student members must be members of the American Pharmaceutical Association;" further,

RESOLVED that the Society continue to encourage ASHP membership participation in APhA and its constituent organizations; further

RESOLVED that the Society affirm its intention to strengthen its relationship as an affiliate of the APhA; further,

RESOLVED that the Society request officials of the American Pharmaceutical Association to meet with ASHP representatives for the purpose of developing a more equitable and viable affiliation agreement satisfactory to both parties and strengthening to the bonds of American pharmacy.

In opening remarks to the delegates, Wendell T. Hill, Jr., ASHP President and Chairman of the Board, pointed out that adoption of the resolution would not delete or amend a chapter of the Society's Bylaws which states that the ASHP shall be affiliated with the APhA. Hill emphasized that the resolution did not propose ASHP disaffiliation from the APhA and that the APhA By-laws do not require joint membership or reciprocal membership as a condition of affiliation between APhA and other organizations.

During the debate on the resolution, an amendment was proposed which would have added language to delete the chapter of the ASHP Bylaws which states that the ASHP shall be affiliated with the APhA. The amendment was defeated unanimously. Subsequently, a motion to separate the resolution for the purpose of considering each paragraph individually was defeated with only one dissenting vote. The original Board resolution was then adopted by a standing vote of approximately two-thirds of the 117 delegates in attendance.

According to ASHP, a major reason for the Board's proposal to delete the ASHP Bylaw provision concerning membership in the APhA was the APhA-state affiliation movement requiring reciprocal membership in affiliated state pharmaceutical associations and the APhA. For hospital pharmacists in these states, this requirement necessitated membership in at least three associations — the APhA, the affiliated state association, and the ASHP. The ASHP's position is that ASHP-APhA affiliation preceded APhA-state affiliation agreements and should have taken precedence in instances where Society members or potential members were affected.

The special session of the ASHP House of Delegates was originally requested by the California Council of Hospital Pharmacists and by some individual delegates. Voting members of the House were polled by mail ballot and had voted 81-31 in favor of convening a special session which was subsequently called by the Chairman of the House of Delegates, R. David Anderson.

In a letter reviewing the House of Delegates action mailed to ASHP members, President Hill urged continued membership in the APhA on a voluntary basis.

ASHP Notified of Disqualification

The American Society of Hospital Pharmacists has been informed that it has disqualified itself as a national APhA affiliate. William S. Apple, Executive Director of the American Pharmaceutical Association, so notified ASHP Executive Director Joseph A. Oddis in a December 15 letter following a December 13 meeting of the APhA Board of Trustees.

The disqualification came about by ASHP dropping the APhA membership requirement from its Bylaws on December 3, 1972. The status of the ASHP reverts back to that of a recognized organization and ASHP will have one seat in the APhA House of Delegates compared to the 31 seats it had as a national affiliate.

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Baltimore Metropolitan Pharmaceutical Association

The following slate of officers was presented and voted into office at the November 30 Annual Meeting of the Baltimore Metropolitan Pharmaceutical Association.

President— Paul Freiman*
President Elect— Melvin N. Rubin*
Vice Presidents— Ronald A. Lubman
John Padousis
Henry G. Seidman*

Secretary— Nathan I. Gruz*
Treasurer— Charles E. Spigelmire

Honorary President— Melvin Trosch

(Maryland News Co.)

Executive Committee

Joseph U. Dorsch, Chairman

For two year terms:

Barry Levin Milton Sappe
Donald Kirson Bernard White

(Completing their terms in 1973 are: Gerald Freedenberg, Mark Levi, Ralph T. Quarles, Sr., and Stanley J. Yaffe).

1973 Delegates to the MPhA House of Delegates

*Officers who are Delegates as members of the MPhA Board of Trustees.

Ronald Lubman Barry Levin Milton Sappe John Padousis Irvin Kamenetz Charles E. Spigelmire Joseph U. Dorsch Morris Bookoff Gerald Freedenberg Norman J. Levin Mark Levi Dennis Klein Ralph T. Quarles Irving Galperin Alder Simon Stanley J. Yaffe Donald Kirson Victor H. Morgenroth, Jr.

Bernard White

Alternates

Edward Sears
Charles Sandler
Samuel Lichter
David Scott
George Stiffman
Delores Ichniowski
James Hodges
Frank Block
H. Nelson Warfield
David Pearlman
Milton A. Friedman
Allen Shenker

The meeting which was held at the Quality Inn, also included a presentation by John J. O'Hara, Jr., Drug Inspector, Division of Drug Control, Maryland State Department of Health and Mental Hygiene. Mr. O'Hara's talk was entitled "Everything the Pharmacist Must Know About Pharmacy Laws for Nursing Homes."

Eastern Shore Pharmacy Cited



Craig's Drug Store in Cambridge, Maryland was recently cited by Eli Lilly and Company, for the filling of their 1,000,000th prescription. Robert H. Inman, Lilly sales representative, (center, photo) presented a commemorative gift jar to the store's pharmacists, (left to right, photo) Clarendon L. Gould, Charles W. Kelly, Jr., Paul P. Elliott and Charles W. Kelly, Sr. Mr. Gould and Charles Kelly, Jr. are members of the Maryland Pharmaceutical Association.

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University of Maryland School of Pharmacy

First Professional Experience Program Preceptor Meeting

The Professional Experience Program staff of the School of Pharmacy held the first preceptor meeting of the school year on November 2. The staff was very pleased to see a 90% turnout for the meeting. Many guests were present, including Mr. Irving Galperin, Director, Professional Services for Reads Drug Stores in Baltimore, Mr. Leon Weiner, from the Maryland State Board of Pharmacy, and several prospective preceptors.

The first half of the meeting was designed to bring the school, State Board and preceptors closer together to see how each serve to strengthen the bond of success in the Professional Experience Program. This portion of the meeting opened with Dr. Ralph Shangraw, Professor and Chairman of the Pharmacy department, and Director of Community Programs, introducing the following new community preceptor for the 1972-73 school year: Richard Pilquist, Howard and Morris Pharmacy, Baltimore; Robert Campbell, Madison Park Pharmacy, Baltimore; Leon Catlett, Eckel Drug, Hagerstown; James Cragg, Jr., Irvington Pharmacy, Baltimore; Harold Greenhouse, Greenbelt Professional Pharmacy, College Park; Ronald Hoffman, Lee's Pharmacy, Severna Park; John Magiros, Magiros Pharmacy, Ellicott City; Marvin Oed, Oed Pharmacy, Baltimore; Richard Parker, Kensington Pharmacy, Kensington; and John Ricci, ASCO, Silver Spring.

Next, Dr. Peter Lamy, Professor and Director of Institutional Pharmacy Programs, introduced the new hospital preceptors for the year 1972-73: Dr. William Harris, Director Pharmacy Services, Provident Hospital, Baltimore; William Jaffe, Chief Pharmacist, Memorial Hospital at Easton, Easton; Alan Jaskulski, Project Director of Pharmacy Services, St. Joseph Hospital, Baltimore; June Shaw, Assistant Director Pharmacy Services, South Baltimore General Hospital, Baltimore; Irwin Title, Director Pharmacy Services, Fairfax Hospital, Falls Church, Virginia; Sam Lichter, Director Pharmacy Services, Union Memorial Hospital, Baltimore. Dr. Lamy also introduced Mr. Walter Sosnoski, Director of Pharmacy Services, Bon Secours Hospital, as a guest and prospective preceptor.

Mr. Charles Tregoe, Director of Drug Control, Maryland Department of Health and Mental Hygiene, addressed the group on new pharmacy laws recently implemented by the State Board. He also discussed what effects any pending legislation, if passed, would have on the pharmacist. He touched on the subject of laws requiring pharmacists in Maryland to use child-proof containers; and, also, legislation concerning anti-substitution issues which will be enforced by December 1972.

Mrs. Karen Collins, Assistant Director of the Maryland Poison Control Center gave a very eye-opening talk on the problems of poisonings in the home. She explained how the Poison Control Center can be used by the pharmacist as an adjunct service he can provide to the community. Mrs. Collins ended by discussing the do's and don't's of using Ipecac in the case of accidental poisonings.

The first session ended with Miss Winifred Sewell, Coordinator of the Drug Information Service, explaining the services the center can provide to allied health professionals.

The second half of the meeting included an updated status report of the program given by Dr. Ralph Shangraw. Mr. Henry Seidman, Director of Continuing Education, addressed the group on Continuing Education programs that are available at no cost to the preceptors.

The meeting ended with Mr. William Edmondson, Coordinator of the Professional Experience Program, updating the preceptors on the evaluation system in use and describing the new method of preceptor selection by the externs, adopted for Phase II and III for this year. Also, preceptor notebooks were updated and the extern assignments to the preceptors for the fall session were distributed.

Submitted:

William H. Edmondson, Coordinator, Professional Experience Program.

Kappa Psi Fraternity Looking For Lost Brothers

The Kappa Psi Pharmaceutical Fraternity is preparing to celebrate their Centennial Anniversary in May, 1979. In anticipation of this celebration, they would like to update their mailing list. The Fraternity has over 30,000 members. If any of our readers are members, or know of members, who have been out of contact with the Fraternity, it would be greatly appreciated if you would advise their Central Office of your whereabouts. The Kappa Psi Fraternity Central Office is located at 12015 Manchester Road, Suite 155, St. Louis, Missouri 63131.

Arex Club of Baltimore

The Arex Club held its first meeting of 1973 on January 3 at the Suburban House Restaurant on Reisterstown Road. Max Ansell was the presiding officer for the meeting.

Dr. Krantz's Pioneer Work in Anesthetics Continues

Dr. Frieda Rudo, Associate Professor in the Department of Pharmacology at the University of Maryland, School of Dentistry, is carrying on the pioneer work in anesthetics begun 26 years ago by Dr. John C. Krantz Jr., now Professor Emeritus of Pharmacology at the University of Maryland, School of Medicine. Dr. Krantz is also a member of the Maryland Pharmaceutical Association.

Dr. Rudo has recently been awarded \$20,000 to develop a new intravenous anesthetic. She was a member of the team under the direction of Dr. Krantz, who in 1946 was given one of the first research grants ever awarded to the School of Medicine.

Reflecting on Dr. Krantz's work, Dr. Rudo said, "In twenty years it produced close to 200 scientific articles and provided research fellowships for 26 graduate students." Fluoromar, or trifluoroethyl vinyl ether, was the first fluorinated anesthetic to evolve from this research and the first fluorinated anesthetic to be used in man. (The suffix mar is derived from Maryland.)

University of Maryland School of Pharmacy Alumni Association Holds Oyster Roast

The University of Maryland School of Pharmacy Alumni Association sponsored its first activity to benefit the Francis S. Balassone Memorial Lecture Fund. The well attended Oyster Roast was held at Martin's Eudowood Gardens on December 10, 1972.

Dr. Kaplan To Speak At Alumni Dinner

Dr. Louis L. Kaplan, Chairman of the University of Maryland Board of Regents, will be the principal speaker at the March 28 Alumni Dinner of the University of Maryland School of Pharmacy Alumni Association. The affair which will be held at the Valley Country Club in Towson will begin with cocktails at 6:30 p.m. and dinner at 7:30 p.m. Tickets are available at \$15.00 per couple. For more information please contact any of the Alumni Association officers.

Nominations Being Accepted for Honored Alumnus Award

Alumni are invited to submit nominations for the Honored Alumnus Award presented by the University of Maryland School of Pharmacy Alumni Association.

Nominations together with a brief statement of information about the nominee should be submitted in writing to Anthony G. Padussis, Chairman, Honored Alumnus Award Committee, 2020 Dumont Rd., Timonium, Maryland 21093.

The presentation will be made at the Alumni Association Annual Banquet in honor of the graduating class.

MPhA In Action

(Continued from Page 10)

- —Heard views of two students who were in attendance at Board meeting stating they were pleased at the opportunity to attend and learned a great deal. Discussed means of greater student participation in MPhA.
- —President Lachman announced the appointment of Mary Connelly as Chairman of the Hospital Pharmacy Liaison Committee,
- —Approved dues increase to \$25. for faculty, medical representatives, administrative pharmacists and associate membership categories.

New Members

The following is a list of the new members approved at the November 16, 1972 meeting of the Board of Trustees of the Maryland Pharmaceutical Association:

Thomas L. Bennett, Salisbury, pledge program Murhl Flowers, Camp Spring Valarie Jaskulski, Parkville, pledge Terri S. Shewchuk, Columbia, pledge Robert West, Waltham, Massachusetts

Easter In London

April 15th to 23rd

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April 14th to 21st

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History of The Baltimore Veteran Druggists' Association

by

B. F. ALLEN, Ph.D.
Associate Professor of Pharmacy
University of Maryland, School of Pharmacy

On September 10, 1926, the following met at the Hotel Rennert* for the purpose of attending a luncheon and discussing the organization of a Veteran Druggists' Association in the City of Baltimore: E. G. Eberle, editor of the American Pharmaceutical Association Journal; E. F. Kelly, secretary of the American Pharmaceutical Association (offices of the Association and Journal were located at this time in Baltimore at 10 West Chase Street); Samuel Y. Harris, president of the Maryland Pharmaceutical Association and proprietor of a drugstore at the southwest corner of Lombard and Poppleton Streets; Charles L. Meyer, proprietor of a drugstore at Madison Avenue and McMechen Street, and delegate from the MPhA to the APhA and NARD conventions; Charles Neal, chairman of executive committee MPhA and associated with the Sharp and Dohme Company (southwest corner Howard and Pratt Streets); R. E. L. Williamson, president of the Baltimore Retail Druggists Association and connected with the Calvert Drug Company; Alfred Dohme, president of Sharp and Dohme; John B. Thomas, president of the Thomas and Thompson Company, wholesale and retail druggists, southeast corner Baltimore and Light Streets; William M. Fouch, proprietor of a drugstore at the southwest corner of Charles Street and North Avenue, and one of the incorporators of the Calvert Drug Company; David R. Millard, one of the founders of the Morgan and Millard drugstore at the southeast corner of Baltimore and South Streets (believed to be one of the first local all-night pharmacies); George Bunting, inventor of world-famous Noxzema Cream and founder of the Noxzema Chemical Company (now known as the Noxell Corporation); and A. G. DuMez, Dean of the School of Pharmacy University of Maryland.

The following were also invited to the organization meeting, but could not be present because of previous engagements: H. A. B. Dunning, president of Hynson, Wescott and Dunning (first manufacturing firm to produce merbromin (Mercurochrome); Robert L. Swain, secretary of the Maryland Board of Pharmacy and Deputy Food and Drug Commissioner; and J. Fuller Frames, president of the Maryland Board of Pharmacy and proprietor of a drugstore at Gay and Aisquith Streets.

After partaking of luncheon, a business session was held. It was moved and carried, that there be organized a Veteran Druggists' Association in the City of Baltimore. The following temporary officers were elected: Williamson, president; DuMez, secretary; and Neal, treasurer.

The temporary president appointed a committee of five (Kelly, Dohme, Eberle, Bunting and DuMez) to draw up the details of organization for presentation at the next meeting.

With the view of facilitating the work of this committee, the following suggestions were offered: (1) meetings should be held monthly, (2) the membership should be limited to twenty-five, (3) to be eligible for membership twenty-five years in pharmacy should be required, (4) the dues should not be over five dollars per annum, (5) persons not attending four consecutive meetings without a legitimate excuse should be dropped from membership, (6) meeting should be held from 12:30 to 2:00 p.m. The length of time of meetings might be shortened, but it should not be longer than one hour and thirty minutes, (7) a suitable place for holding the meeting should be selected, (8) Wednesday would probably be the best day of the week for holding the meetings, (9) an emblem or flower should be selected (a pair of B.V.D's was suggested as a suitable emblem by Meyer).

It was moved and carried that Wilhelm Bodemann, also known as William Bodeman, be elected an honorary member of the Association and that Mr. Bodeman be notified by telegram of the organization of the Baltimore Association and of his election. It was also decided that Bodeman be invited to attend the first stated meeting as a guest of the Association.

The first Veteran Druggists' Association was organized in Chicago in 1898, by the pharmacist Thomas Nevin Jamieson. After World War I, under the influence of William Bodeman of Chicago, the idea of associations of "veteran" (older) pharmacists spread and strong groups existed not only in Chicago, but also in Milwaukee, Minneapolis, Twin Cities, St. Louis, New York (1923), and the District of Columbia (1925).

As an example that the idea of these associations flourished, the Minneapolis group held their 449th meeting in 1965. Also, they have contributed greatly to the social and professional life of many who have given much to the development of pharmacy throughout the country.

For many years, Veterans' luncheons were held regularly at the conventions of the American Pharmaceutical Association and the National Association of Retail Druggists. Every "veteran druggist" in attendance at these affairs was urged to attend the luncheon which measured up to true "frater" standards. As early as 1928, a "veterans" meeting was held at the APhA annual convention in Portland, Maine.

William Bodeman was one of the pioneer builders of the National Association of Retail Druggists in 1898. During the annual meeting of the APhA held at Indianapolis in 1906, the National Pharmaceutical Syllabus Committee (a) was organized and Bodeman representing the National Association of Boards of Pharmacy was added to

^{*}Once one of the city's most elegant hotels, the Rennert stood at the southeast corner of Liberty and Saratoga Streets from 1885 to 1940.

⁽a) Outlined courses of instruction for the degrees of Graduate in Pharmacy (Ph.G.) and Pharmaceutical Chemist (Ph.C.).

the original committee. In 1928, at a joint meeting of the Baltimore and Washington Veteran Druggists' Associations, a letter of greeting and good will, signed by each one present, was sent to Frater Wilhelm Bodemann of Chicago, who was described as the "originator" of the Veteran Associations and who has taken a deep interest in the various organizations which have been effected.

The second meeting of the Baltimore Veteran Druggists' Association (B.V.D.A.) was held at the Rennert Hotel on October 6, 1926. The report of the Committee on Details of Organization was read, the items contained therein discussed, and the following additions or changes adopted: (1) the membership shall consist of active, associate and honorary members; (2) active members shall be or shall have been engaged in dispensing pharmacy; (3) associate members shall be engaged in teaching, the wholesale drug business, manufacturing pharmacy or in some activity closely related to pharmacy; (4) persons of distinction, engaged in or interested in pharmacy, may be elected as honorary members; (5) the number of active members shall be limited to twenty-five and of associate members to fifteen; (6) meetings shall be held on the third Wednesday in each month; (7) the birthday anniversary of each member shall be celebrated at the first meeting following the date on which it falls; (8) the floral emblem of the Association shall be a white carnation (the writer well remembers Dean DuMez wearing this flower at the school after a meeting); (9) all funerals of members shall be attended by the entire Association and following a short speech by the president, the members shall drop a flower into the grave while saying in unison, "Our last loving tribute to our departed Brother We knew him, we loved him, we shall miss him. Farewell, Frater, rest in peace." Also. at this meeting the following were elected to membership: Charles Morgan, member of the well-known firm of Morgan and Millard; Howell W. Allen, proprietor of a drugstore at 25th and Oak Streets and member of the Publication Committee Maryland Pharmaceutical Association; Edward R. Downs, proprietor of a drugstore, North and Linden Avenues; J. Emory Bond, 703 West Lanvale Street; and J. W. Dorman, proprietor of a drugstore, Collington Avenue and Jefferson Street.

In 1943, Secretary DuMez stated that, "The primary objective of the organization is to promote good fellowship among pharmacists who have been engaged in the profession for 25 years or longer."

For many years, the local organization looked forward with pleasure to the joint meetings held with the District of Columbia Veteran Druggist Association. The first meeting was in 1928 at Carvel Hall in Annapolis. The occasion was much enjoyed by the veterans from the two cities.

Meetings were also held with the Washington group at the Olney Inn, Montgomery County (1913, 1933-37, 1939, 1950, 1952, 1954); Log Inn on the Chesapeake Bay near Annapolis on the Sandy Point highway (1949); Floyd's Restaurant (b) northeast corner of St. John's Lane and Route 40 West (1951, 1953, 1955, 1957); and at the Hot Shoppe, Langley Park near Washington (1956).

At these get-togethers, each group provided entertainment and dinner on a Dutch Treat basis. Also, at some of these joint meetings, the ladies were invited. In 1964, it was reported to the Baltimore Veterans that the District of Columbia Veteran Druggist Association (D.C.-V.D.A.) had been inactive for several years.

For many years, the Association made annual Christmas donations to many groups in the Baltimore area for use of those in need of assistance. The following are examples of some of the recipients: Santa Claus Anonymous, Augsburg Lutheran Home For Children, The Mission Helpers—conducted a school for deaf children, Sinai Hospital Childrens' Ward, Convent of the Good Shepherd, and the Pine Street Police Station Poor Fund.

A special celebration was held at the 150th meeting in September 1945 with 30 members present. The June 1949 meeting was held in the new building of the Noxzema Chemical Company on Falls Cliff Road in the Hampden area of Baltimore. The dedicatory speaker was Dr. H. C. Byrd, president of the University of Maryland, and also a member of the B.V.D.'s. The dedicatory ceremony was followed by a tour of the new building and an enjoyable luncheon. Approximately 1500 persons were present at the dedication of the building.

As previously mentioned, in 1926 the active membership was limited to 25 and that of associate members to 15. However, in 1950 the rules and regulations of the Association were revised to active and honorary membership only, with active members limited to 75. All associate members at that time were elected to active membership, unanimously.

Active members who reach the age of 75 receive recognition by the presentation of an anniversary silver cup with appropriate engraving. In recent years, the recipients have had a choice and several veterans selected a silver bowl or tray, and in one case, a wrist watch.

OFFICERS OF THE BALTIMORE VETERAN DRUGGISTS' ASSOCIATION SINCE ITS ORGANIZATION

PRESIDENTS

| 1926 | R. E. Lee Williamson | 1950 | Otto W. Muehlhause |
|------|----------------------|------|------------------------|
| 1927 | R. E. Lee Williamson | 1951 | Ferdinand L. Ulman |
| 1928 | Charles Morgan | 1952 | Charles S. Austin, Jr. |
| 1929 | Eugene G. Eberle | 1953 | Frank L. Black |
| 1930 | William M. Fouch | 1954 | Melville Strasburger |
| 1931 | David R. Millard | 1955 | Landon W. Burbage |
| 1932 | Evander F. Kelly | 1956 | Frank Block |
| 1933 | William E. Brown | 1957 | Frank J. Slama |
| 1934 | Charles L. Meyer | 1958 | W. Arthur Purdum |
| 1935 | Eugene W. Hodson | 1959 | Noel E. Foss |
| 1936 | Frank C. Purdum | 1960 | Thomas G. Wright |
| 1937 | George A. Bunting | 1961 | Bernard Ulman, Sr. |
| 1938 | Howell W. Allen | 1962 | Casimir T. Ichniowski |
| 1939 | Alvin N. Hewing | 1963 | Nelson G. Diener |
| 1940 | UNIDENTIFIED | 1964 | Leroy P. Brown |
| 1941 | Walter L. Pierce | 1965 | Raymond B. Yingling |
| 1942 | J. William Dorman | 1966 | Robert O. Wooten |
| 1943 | UNIDENTIFIED | 1967 | Albert G. Leatherman |
| 1944 | Charles L. Armstrong | 1968 | Daniel A. Warren |
| 1945 | Andrew F. Ludwig | 1969 | Edward J. Bindok |
| 1946 | William J. Lowry | 1970 | F. Harold Lewis |
| 1947 | Charles Stevens | 1971 | Carl C. Caplan |
| 1948 | Andrew Heck | 1972 | Paul Gaver |
| 1949 | Marvin J. Andrews | | |
| | | | |

⁽b) Owner was Melvin L. Floyd, School of Pharmacy graduate, class of 1938.

VICE-PRESIDENTS

| 1933 | J. Emory Bond | 1951 | Charles S. Austin, Jr. |
|------|------------------|------|------------------------|
| 1934 | Robert L. Swain | 1952 | Frank L. Black |
| 1935 | Frank C. Purdum | 1953 | Melville Strasburger |
| 1936 | UNIDENTIFIED | 1954 | Landon W. Burbage |
| 1937 | Howell W. Allen | 1955 | Frank Block |
| 1938 | Alvin N. Hewing | 1956 | Frank J. Slama |
| 1939 | James E. Hancock | 1957 | W. Arthur Purdum |
| 1940 | UNIDENTIFIED | 1958 | Francis S. Balassone |
| 1941 | UNIDENTIFIED | 1959 | Thomas G. Wright |

1942 Edward S. Muth
1960 Bernard Ulman, Sr.
1943 UNIDENTIFIED
1961 Casimir T. Ichniowski
1944 Andrew F. Ludwig
1962 Nelson G. Diener

1945 William J. Lowry 1963 William J. Lowry 1946 UNIDENTIFIED 1964 Raymond B. Yingling 1947 UNIDENTIFIED 1965 Robert O. Wooten

1947 UNIDENTIFIED 1965 Robert O. Wooten 1948 UNIDENTIFIED 1966 Leahmer M. Kantner(2) 1949 Otto W. Muehlhause 1966 Daniel A. Warren

1950 William G. Boucsein(1)

1950 Ferdinand L. Ulman 1967-69 F. Harold Louis

FIRST VICE-PRESIDENTS

1970 Carl C. Caplan1971 Paul G. Gaver1972 Albert Rosenfeld

SECOND VICE-PRESIDENTS

1970 Paul G. Gaver1971 Albert Rosenfeld1972 Leo Rettaliata

Secretary

1926-34 Andrew G. DuMez

Treasurer

1926-34 Charles C. Neal

SECRETARIES-TREASURERS

1935-48 Andrew G. DuMez(3) 1948-61 William J. Lowry 1962-69 Noel E. Foss(4) 1969- Benjamin F. Allen

(1) Died in office

(2) Resigned for health reasons

NOTE: Office of Vice-President did not exist prior to 1933.

(3) Died in office

(4) Resigned October 1969

PLACE OF MEETING

| 1926-31 | Rennert | Hotel | (southeast | corner | of | Liberty |
|---------|----------|----------|------------|--------|----|---------|
| | and Sara | toga Str | reets) | | | - |

1932-36 Emerson Hotel (northwest corner of Baltimore and Calvert Streets)

1937-38 University Club (northeast corner of Charles and Madison Streets)

1939-50 Lord Baltimore Hotel (northeast corner of Baltimore and Hanover Streets)

1951-52 Baum's Restaurant (northside of Saratoga Street between Eutaw and Howard Streets)

1953-54 Belvedere Hotel (southeast corner of Charles and Chase Streets)

1955-56 Marty Welsh's Restaurant (northeast corner of Guilford Avenue and Lexington Street)

1957-61 New Howard Hotel (westside, unit block of North Howard Street)

1962-67 Student Union Building, University of Maryland Baltimore City Campus

1968-71 University Hospital, University of Maryland Baltimore City Campus

1972 Student Union Building, University of Maryland Baltimore City Campus

(To Be Continued)

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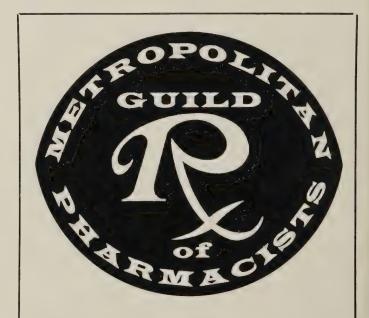
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Washington Spotlight For **Pharmacists**

Bv**APhA Legal Division**

Revocation of Pharmacists' License Reversed By The Court

Two pharmacists practicing in the same pharmacy were charged by the State Board of Pharmacy with dispensing excessive quantities of oxymorphene to a patient and, thus, with unprofessional conduct. Their licenses were revoked by the Board. When the pharmacists challenged the Board's action in a lawsuit, the trial court reversed the Board's decision and the state Supreme Court upheld the reversal.

During a 41/2 month period, the pharmacists dispensed to the patient a total of 5,800 oxymorphene tablets on 33 separate occasions. During the same period. one of the pharmacists sold to the patient 580 hypodermic syringes. At all times a proper prescription by a physician was presented to the pharmacists. In several instances both pharmacists checked with the prescribing physician to verify the legitimacy of the prescriptions.

The pharmacists were told by the doctor's office that the patient was suffering from terminal cancer, hence the large dosage requirement. However, the patient was an addict and was using several names and addresses to acquire all the drugs that he could. The fact of the patient's addiction was unknown to the pharmacists, and no circumstances were shown to indicate that the pharmacists should have known of the addiction.

The state Supreme Court raised the question: Under what circumstances should a pharmacist set his judgment against that of a licensed physician? The court noted that it would be a dangerous principle to establish that a pharmacist cannot properly dispense a prescription merely because it is out of the ordinary. The court suggested that, where the dosage prescribed is unusual, inquiry of the physician should be made to ascertain that there has been no error. The two pharmacists did so inquire several times.

The state Supreme Court did not consider the actions of the two pharmacists to be so blatant as to indicate unprofessional conduct without appropriate evidence being introduced at the hearing before the Board of Pharmacy. At the hearing, no evidence or testimony was produced to indicate that the amount of oxymorphene dispensed to the patient was excessive under the circumstances, and no proof was elicited as to what does or does not constitute unprofessional conduct in the pharmacy profession. Therefore, the state Supreme Court was furnished nothing in the record of the hearing to tell the court what the pharmaceutical profession considers un-

professional conduct. The fact that the members of the Board of Pharmacy believed the pharmacists' conduct to be improper was held not sufficient to provide the hearing with the requisite due process, and, for this reason, the pharmacists were granted reinstatement of their licenses to practice pharmacy.

Some texts on pharmacology state that the usual dose of oxymorphene should not exceed 40 mg. per day. These texts also state that a much higher dosage may be used in severe carcinomatous pain. Individual pharmacists may disagree with the court's decision to reinstate the pharmacists' license. However, the decision in this case is not based on the actual propriety of the pharmacists' actions. The result in the case illustrates the necessity for proof by means of competent objective evidence rather than subjective decisions of Board members that the pharmacists' conduct was unprofessional.

Negligence in Unauthorized Prescription Copy and Refill Leads to \$100,000 Judgment

The unauthorized refilling of a prescription provided the basis for a \$100,000 judgment against two drug chains in an Ohio negligence suit. The firms were hit with the judgment after only 3 hours of jury deliberation following a five week trial in Ohio Common Pleas Court. The patient received the judgment based on the allegedly negligent acts of employee-pharmacists and the companies.

The patient, who was suffering from rheumatoid arthritis, obtained his original steroid prescription in 1962 at one of the pharmacies where it was renewed many times over a 3 month period. When the pharmacy was temporarily out of the drug, the pharmacist made a copy of the original prescription and sent the patient to the second pharmacy where the prescription was renewed over another two year period without any physician authorization or consultation. The patient, accusing the defendants of wanton and willful misconduct, suffered from acute cortisone poisoning which damaged his bone structure and gave him, among other things, diabetes. The patient has been unable to work at his job as a watchman since 1964. Would a patient medication record have prevented this lawsuit?

Pharmacy Regulations — The Nursing Home

by John J. O'Hara, Drug Inspector, Maryland Department of Health and Mental Hygiene

Presented before the Baltimore Metropolitan Pharmaceutical Association, November 30, 1972.

It is my pleasure to speak to a meeting of pharmacists tonight. Usually my presentations are to nurses, administrators, and supervisory personnel representing nursing homes or hospitals. My function as a drug inspector is as pharmacy advisor to the facility surveyors. The facility surveyors of the Department of Health and Mental Hygiene perform the duties of inspection for licensure in all areas of medical and nursing services. Other disciplines, such as the fire marshall's office, dietary, physical therapy, etc., likewise perform inspections. These inspection reports are forwarded to the Division of Licensing and Enforcement for evaluation. In my surveys, I find that pharmacists are not always aware of regulations, both Federal and State, as they concern drug handling procedures in nursing homes. The concern of the Division of Drug Control is principally in the areas of source, safety in procedure and administration, security, accountability, and disposal of drugs no longer needed. It is to these areas I wish to address my remarks tonight.

First, registration with the Department of Health and Mental Hygiene, through the Division of Drug Control, is required of all facilities. The fact that drug handling in the various institutions is performed by a third party necessitates registration for the purpose of drug administration. This is an annual registration.

As to the source of drugs in facilities, there are only two—a licensed pharmacy on the premises or the services of a community pharmacy. Drug rooms in nursing homes are not allowed. All medications must be on prescription only, including over-the-counter preparations. Floor stocks are disallowed.

In the areas of drug administration and procedure, it has been stated that the average patient in a nursing home receives six medications. Compounded, there is no equivalent in drug concentration, and the need for effective, well-planned, and safe procedures is imperative. Statistics formulated from a recent survey concluded that 18 per cent of medications are administered in error due to such factors as poor labeling, inefficient procedure, and untimely administration intervals. Regulations require an adequate stop-order policy. Such a policy is part of the written pharmaceutical policy and must be adhered to. Full labeling is required on all medications—expiration dates, if applicable, prescription number and date, patient's full name, directions for use, identity and strength of drug, and name of the prescribing physician. Should it be desirable to make a change in the drug distribution system, a descriptive summary of the proposed system should be sent to the Division of Drug Control for approval.

Regarding security, new regulations have been developed. All drugs are required to be kept in locked areas. Controlled dangerous substances in all schedules require a double lock. The medication room that is used for storage of medication only and equipped with a lockable door meets the double lock requirement provided the drugs are stored in lockable cabinets. Refrigerated drugs must be stored in a locked box or a medicinal refrigerator equipped with a lock. A thermometer is required in the refrigerator.

As to accountability, a drug count is required for schedule II drugs at each change of shift. Such information is recorded on individual records for each patient and each strength of drug. Signatures, rather than initials, should be used. Shift count is not required for schedules III and IV. However, accurate records of administration must be maintained. I am often asked, "How may one identify controlled dangerous substances?". My reply is, "All prescriptions containing controlled substances require the Federal caution sticker on the container. This sticker may serve as a means to identify controlled substances."

As for the disposal of drugs no longer needed, no drugs, except sealed containers of non-controlled drugs for which the pharmacist may give credit, may be returned to the pharmacy. To dispose of controlled dangerous drugs, facilities should contact the Division of Drug Control or BNDD. Non-controlled drugs may be disposed of on the premises by two accountable witnesses and proper records of the disposition made.

I would like to bring to your attention several regulation requirements which appear to have been overlooked or not sufficiently complied with. First, pharmaceutical policy. A written pharmaceutical policy is required in all classes of facilities. Such policy should be formulated by a pharmacy advisory committee (P. & T. Committee). The pharmacist should have input as to the function of this group. Such a policy should embrace all areas of drug handling from source to disposition. The purpose of such policy is to provide guidelines for drug handling procedure, and all personnel involved in this area should be knowledgeable of its content. The policy should be reviewed at least annually. Secondly, the emergency kit. Much confusion appears to prevail as to the content and purpose of the emergency kit. State regulations require the kit only in Intermediate-A facilities. However, Federal Medicare regulations require emergency kits in Extended Care facilities as well. The



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emergency kit is for use in sudden and adverse changes in the patient's condition, and its contents should be determined by the principle physician, the nursing director, the administrator, and the pharmacist. Procedure for use should be formulated and included in the pharmacy policy. A list of its contents and method of replacement should be conspicuously posted.

There are other obligations of the pharmacist serving the nursing home in addition to being supplier of drugs. If a facility does not engage a consultant pharmacist, the duty befalls the pharmacist supplier. He should make drug checks at least monthly. He should submit quarterly reports to the administrator containing information regarding the assessment of staff performance in such areas as recording, administration, and control. Such information can be observed by review of charts and medication cards. Likewise, discussions with nurses on problems they face, the followup, and reports on the correction of deficiencies. They should supply conversion charts, post poison control phone numbers, and see that references such as the PDR, hospital formulary, etc. are available at the nurses' stations. The pharmacist should participate in the area of in-service education: Discussion of BNDD regulations, proper storage conditions, pharmacology (elementary), etc.

In the course of my meetings with the facility surveyors, we endeavor to develop guidelines to assist in the implementation of regulations. I have suggested to them that pharmacists be advised to update prescriptions more than 6 months old by use of a new number and date at the time of refill. Of course, there must be exceptions in this relation when little used PRN medications are involved. When a prescription is temporarily discontinued, it is suggested that the container be taped and dated and stored in the patient's medication box not longer than 60 days. After 60 days, the physician should be questioned as to whether he desires the medication to be held for a further period of time. The placing of labels on multiple dose vials sometimes creates a problem when more than one patient is on the same medication. It is suggested that labels be placed on the container holding the vial, and that the prescription number be typed on a strip of paper which may be attached to the vial itself. In this way, the medication vial may be easily associated with the packaging container.

Pharmaceutical services in the nursing homes is as important as any procedure in the facility. The regulations, in my opinion, are slanted in the pharmacist's direction. By this I mean regulations specifically indicate that the pharmacist must be involved as the supplier of medication to the patients. It disturbs me to observe, and to review inspection reports which contain such information as expired medications on the shelves, illegible and sloppy pharmacy labels and even unauthorized substitution. If you need any information as to regulations or would desire copies of regulations, do not hesitate to contact me at 383-2728. In conclusion, may I say, "Get into these facilities, 'do your thing,' and put the pharmacist in a true professional position."

Williams Appointed Executive Secretary of GP Academy

Ronald L. Williams has been appointed Executive Secretary of the Academy of General Practice of Pharmacy of the American Pharmaceutical Association succeeding Richard P. Penna who will be assigned other staff duties, according to an announcement by APhA Executive Director William S. Apple.

APhA Legal Division Advises on Methadone Status

According to the APhA Legal Division, pharmacists may retain methadone in their possession at least until a definite requirement and procedures for disposition of the drug are established by Federal authorities. Methadone may still be dispensed for NDA-approved uses until March 15, 1973.

Disposable Kit For Heroin Detection In Urine Available

ESCO-KIT, a rapid, single-use, disposable kit for the presumptive identification of heroin (as morphine) in urine is now available. The kit can detect heroin (as morphine) in concentrations less than one part per million and results are available within minutes after receiving the urine specimen. More information can be obtained from Ecological Systems Corp., 2200 Colorado Avenue, Santa Monica, California 90401.

Rate of TB Cases Drops In Maryland

According to statistics released by the U. S. Public Health Service's Center for Disease Control, Maryland's tuberculosis case rate of 21.0 was three points lower than the previous year yet above the national average of 17.1. The state ranked 11th among the 50 states in the severity of its TB problem.

Cancer Drugs

National Cancer Institute has announced the first formal agreement between the Institute and Bristol Laboratories, a division of Bristol Myers Company, for the economical, rapid distribution and testing of certain cancer drugs. Of the drugs covered by the agreement — BCNU, CCNU and methyl-CCNU—only BCNU testing in animals and its clinical evaluations in cancer patients have been completed at this time. Under the agreement, if the Food and Drug Administration (FDA) approves BCNU, Bristol Laboratories will manufacture and market the drug at a reasonable cost to the consumer. The firm is obligated to market only BCNU. NCI will continue to foster research and to collect and evaluate cancer therapy data for the other drugs. If the FDA approves the drugs for use in human cancer, Bristol Laboratories will be offered the first opportunity to market them.

CONTINUING EDUCATION DIVISION UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY

CONTINUING EDUCATION PROGRAMS

* SUNDAY, MAY 6, 1973 - SALISBURY, MD.

Holiday Inn, Salisbury, Md., Delmar Blvd. North-1:00 to 5:00 P.M.

SELECTED TOPICS IN PHARMACY MANAGEMENT—MODERN CONCEPTS

Updated realistic considerations of some vital areas of pharmacy practice. Discussions will include (1) Financial Statement Analysis (How well is YOUR Pharmacy doing); (2) Locational Analysis (Should you renew your lease); (3) The cost of Providing Professional Services; (4) Pharmaco-Legal considerations in practice; (5) Other problems of Contemporary Pharmacy Management.

Faculty: Dean E. Leavitt, Ph.D., Course Director, Associate Professor and Chairman, Department of Pharmacy Administration, University of Maryland School of Pharmacy; Mr. Joseph F. Kaufman, J.D., Lecturer, Mr. Edward T. Kelly, Instructor, both in the Department of Pharmacy Administration, University of Maryland School of Pharmacy.

* EVENING COURSE—BEGINNING MARCH 6, 1973

SELECTED ASPECTS OF CLINICAL BIOCHEMISTRY: An Introduction to Laboratory Medicine

This course will include (A) A Study of Blood and Body Fluids with Emphasis on Electrolytes, on Acid Base Balance, Anemias and Blood Clotting; and (B) Discussions on Metabolism, encompassing General Metabolism/Thyroid Function Tests; Sugars/Glucose and Glucose Tolerance; Fats/Cholesterol, Triglycerides and Lipoproteins; Enzymes in Clinical Diagnosis; BUN/Kidney Functions Tests; Bilirubin/Liver Function Tests.

Faculty: Nicholas Zenker, Ph.D., Course Director, Professor and Chairman, Department of Medicinal Chemistry, University of Maryland School of Pharmacy; Herbert A. Kushner, M.D., Assistant Professor of Medicine, School of Medicine University of Maryland and Assistant Professor, Department of Pharmacy, School of Pharmacy University of Maryland; Anthony S. Manoguerra, Pharm. D. Instructor, Department of Pharmacy, School of Pharmacy University of Maryland; and John B. Young, Pharm. D. Assistant Professor, Department of Pharmacy, School of Pharmacy University of Maryland.

Six weeks, Tuesday Evenings, March 6, 13, 20, 27; April 3, 10. Room 201, Allied Health Professions Building, N.W. Cor., Greene & Lombard Streets, Baltimore. 7:30 to 9:30 P.M.

For ADDITIONAL INFORMATION, CALL OR WRITE HENRY G. SEIDMAN, Director of Continuing Education University of Maryland School of Pharmacy. Phone 528-7589; 528-7650.

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Six Evenings, March 6 thru April 10, 1973

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SELECTED TOPICS IN PHARMACY MANAGEMENT

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Obituaries



Martin Rochlin holding first place national sales contest trophy awarded to Loewy Drug by Pro-Brush.

Martin Rochlin

Mr. Martin Rochlin, former Vice President of Loewy Drug Company, Baltimore, Maryland, passed away on December 12, 1972, at the age of 56.

Mr. Rochlin was born in Baltimore. He graduated from Baltimore City College in 1934. After graduation, he enrolled at the University of Maryland School of Pharmacy in Baltimore, transferring to the College Park campus where he graduated in 1939. He served as a lieutenant in the U.S. Air Force during World War II.

After his discharge from the Air Force, Mr. Rochlin was employed as a salesman in the Baltimore area by District Wholesale Drug Corporation of Washington, D.C. When District Wholesale acquired Loewy Drug in 1958, he became Sales Manager. In 1963, he was promoted to Vice President of the Loewy Drug Company.

Mr. Rochlin was very active in both local and state pharmaceutical activities. He devoted much of his business life to assisting pharmacists and furthering the pharmacy profession. He was a member and former president of the Arex Club, Maryland Pharmaceutical Association, Maryland Society of Hospital Pharmacists, Baltimore Metropolitan Pharmaceutical Association, American Pharmaceutical Association, and the National Wholesale Drug Association. He was also a member of Beth Israel Congregation, Cassia Masonic Lodge No. 45 and the Chestnut Ridge Country Club.

Mr. Rochlin is survived by his wife Libby (nee Caplan) and two children, David (a pharmacist and graduate of the University of Maryland School of Pharmacy) and Leslie Rochlin, both of Baltimore.

Dr. Frank P. Firey

Dr. Frank P. Firey, 87, 1905 graduate of the University of Maryland, School of Pharmacy and 1910 graduate of the University of Maryland, School of Medicine, died on December 5 in Hagerstown.

Frank Zerofsky

Frank Zerofsky, age 62, died on December 24. He was a 1931 graduate of the University of Maryland School of Pharmacy. Formerly with Read's Drug Stores, he was most recently employed as a pharmacist at South Baltimore General Hospital. Mr. Zerofsky was a member of the Maryland Pharmaceutical Association and the Maryland Society of Hospital Pharmacists.

Leonard Beitler

Leonard Beitler, 59, brother of Brooklyn pharmacist Ben Beitler, died on January 4. He graduated from the University of Maryland, School of Pharmacy in 1933 and was proprietor of a pharmacy at 4300 Ritchie Highway, Glen Burnie.

Dr. Philibert Artigiani

Dr. Philibert Artigiani, 83, 1911 graduate of the University of Maryland, School of Pharmacy and 1920 graduate of the School of Medicine, died on December 28.

Safety Packaging Deadline - January 22

January 22 marks the end of temporary regulatory relief given by FDA to pharmacists unable to obtain child-resistant packaging required by the Poison Prevention Packaging Act. After that date, all preparations containing aspirin, all liquid preparations containing methyl salicylate and preparations subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 require safety packaging.

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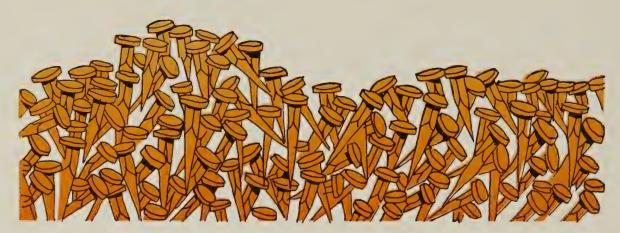
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